

**837 Healthcare Claim  
Companion Guide  
ANSI ASC X12N (Version 4010A)  
Professional, Institutional, and Dental**

**State of Washington  
Department of Social & Health Services**



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**WAMMIS-CG-837CLAIMS-01-06**

**April 14, 2009**

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<b>CNSI Project Manager</b>	<b>DSHS Project Manager</b>
<b>Date</b>	<b>Date</b>

**Disclaimer**

This companion guide for the ANSI ASC X12N 837 transaction has been created for use in conjunction with the standard Implementation Guide. It should not be considered a replacement for the Implementation Guide, but rather used as an additional source of information. The companion guide contains data clarifications derived from specific business rules that apply exclusively to Medicaid processing for Washington State DSHS. The guide also includes useful information about sending and receiving data to and from the ProviderOne system.



## Revision History

Documented revisions are maintained in this document through the use of the Revision History Table shown below. All revisions made to this companion guide after the creation date are noted along with the date, page affected, and reason for the change.

Revision Level	Date	Page	Description	Change Summary
WAMMIS-CG837-00-00-01	04/02/08		Initial Document	
WAMMIS-CG837-00-00-02	04/17/08		Internal CNSI comments incorporated	
WAMMIS-CG837-00-00-03	05/15/08		Incorporated comments from DSHS review	
WAMMIS-CG-837CLAIMS-01-01	06/28/08		Final Delivery	
WAMMIS-CG-837CLAIMS-01-02	07/16/08		Re-Delivery of the Deliverable based on DSHS non-Acceptance and identification of deficiencies	
WAMMIS-CG-837CLAIMS-01-03	07/25/08		Re-Delivery of the Deliverable based on DSHS non-Acceptance and identification of deficiencies	Use generic language in the Claim Note segment in transaction specification
WAMMIS-CG-837CLAIMS-01-04	08/06/08		Re-Delivery of Deliverable based on CR from DSHS	Update 837 Companion Guide based on CR Claims-0427 - The 837 Institutional Companion Guide and ProviderOne must be updated to allow for additional claim frequency type codes (CFTC) from the UB-04 manual.
WAMMIS-CG-837CLAIMS-01-05	10/01/08		Re-Delivery of the Deliverable based on DSHS suggested changes to Trading Partners Testing Procedures verbiage	
WAMMIS-CG-837CLAIMS-01-06	04/14/09		Changes to verbiage and rules post UAT	
	10/30/09		Update screen shots for submitting claims and retrieving responses	Replaced screen shots and updated verbiage.

State of Washington ProviderOne Project  
Main Event Companion Guide



	11/03/09		Update requirements on chapter 2.3.3 File Naming conventions	Update requirements and verbiage
	11/04/09		Update TCN from 21 to 19 digits	Update documentation



# Contents

Disclaimer .....	ii
<b>Revision History.....</b>	<b>iii</b>
<b>1   Introduction.....</b>	<b>6</b>
<b>1.1   Document Purpose .....</b>	<b>6</b>
1.1.1   Intended Users .....	7
1.1.2   Relationship to HIPAA Implementation Guides .....	7
<b>1.2   Transmission Schedule .....</b>	<b>7</b>
<b>2   Technical Infrastructure and Procedures.....</b>	<b>8</b>
<b>2.1   Technical Environment.....</b>	<b>8</b>
2.1.1   Communication Requirements .....	8
2.1.2   Testing Process .....	8
2.1.3   Who to contact for assistance .....	9
<b>2.2   Upload batches via Web Interface .....</b>	<b>10</b>
<b>2.3   Set-up, Directory, and File Naming Convention.....</b>	<b>13</b>
2.3.1   SFTP Set-up .....	13
2.3.2   SFTP Directory Naming Convention .....	13
2.3.3   File Naming Convention.....	14
<b>2.4   Transaction Standards .....</b>	<b>14</b>
2.4.1   General Information .....	14
2.4.2   Data Format.....	15
2.4.3   Data Interchange Conventions.....	16
2.4.4   Acknowledgement Procedures.....	17
2.4.5   Rejected Transmissions and Transactions.....	17
<b>3   Transaction Specifications .....</b>	<b>18</b>



# 1 Introduction

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II) includes requirements that national standards be established for electronic health care transactions, and national identifiers for providers, health plans, and employers. This requires Washington State Department of Social and Health Services (DSHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions between covered entities (health care providers, health plans, and healthcare clearinghouses).

The intent of these standards is to improve the efficiency and effectiveness of the nation's health care system by encouraging widespread use of electronic data interchange standards in health care. The intent of the law is that all electronic transactions for which standards are specified must be conducted according to the standards. These standards were not imposed arbitrarily but were developed by processes that included significant public and private sector input.

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## 1.1 Document Purpose

Companion Guides are used to clarify the exchange of information on HIPAA transactions between the DSHS ProviderOne system and its trading partners. DSHS defines trading partners as covered entities that either submit or retrieve HIPAA batch transactions to and from ProviderOne.

This Companion Guide provides information related to electronic submission of 837 Claims Transactions to DSHS by approved trading partners. The three distinct claim transaction formats documented are:

- 837 Professional (Claims and Encounters)
- 837 Institutional (Claims and Encounters)
- 837 Dental

This Companion Guide is intended for trading partner use in conjunction with the ANSI ASC X12N National Implementation Guides listed below. The ANSI ASC X12N Implementation Guides can be accessed at <http://www.wpc-edi.com>.

The Standard Implementation Guides for Claim Transactions are:

- 837 Healthcare Claim: Professional (004010X098)
- 837 Healthcare Claim: Institutional (004010X096)
- 837 Healthcare Claim: Dental (004010X097)



DSHS has also incorporated all of the approved 837 Addenda listed below.

- ASC X12N 837 Professional (004010X098A1)
- ASC X12N 837 Institutional (004010X096A1)
- ASC X12N 837 Dental (004010X097A1)

### 1.1.1 Intended Users

Companion Guides are intended to be used by members/technical staff of trading partners who are responsible for electronic transaction/file exchanges.

### 1.1.2 Relationship to HIPAA Implementation Guides

Companion Guides are intended to supplement the HIPAA Implementation Guides for each of the HIPAA transactions. Rules for format, content, and field values can be found in the Implementation Guides. This Companion Guide describes the technical interface environment with DSHS, including connectivity requirements and protocols, and electronic interchange procedures. This guide also provides specific information on data elements and the values required for transactions sent to or received from DSHS.

Companion Guides are intended to supplement rather than replace the standard Implementation Guide for each transaction set. The information in these documents is not intended to:

- Modify the definition, data condition, or use of any data element or segment in the standard Implementation Guides.
- Add any additional data elements or segments to the defined data set.
- Utilize any code or data values that are not valid in the standard Implementation Guides.
- Change the meaning or intent of any implementation specifications in the standard Implementation Guides.

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## 1.2 Transmission Schedule

N/A



## 2 Technical Infrastructure and Procedures

### 2.1 Technical Environment

#### 2.1.1 Communication Requirements

This section will describe how trading partners can send 837 Transactions to DSHS using 2 methods:

- Secure File Transfer Protocol (SFTP)
- ProviderOne Web Portal

#### 2.1.2 Testing Process

Completion of the testing process must occur prior to submitting electronic transactions in production to ProviderOne. Testing is conducted to ensure the following levels of HIPAA compliance:

1. Level 1 – Syntactical integrity: Testing of the EDI file for valid segments, segment order, element attributes, testing for numeric values in numeric data elements, validation of X12 or NCPDP syntax, and compliance with X12 and NCPDP rules.
2. Level 2 – Syntactical requirements: Testing for HIPAA Implementation Guide-specific syntax requirements, such as limits on repeat counts, used and not used qualifiers, codes, elements and segments. It will also include testing for HIPAA required or intra-segment situational data elements, testing for non-medical code sets as laid out in the Implementation Guide, and values and codes noted in the Implementation Guide via an X12 code list or table.
3. Level 7 – DSHS defined custom rules. All transactions will be validated against DSHS defined custom rules as specified in the Transaction Specification section.

Additional testing may be required in the future to verify any changes made to the ProviderOne system. Changes to the ANSI formats may also require additional testing. Assistance is available throughout the testing process.

#### Trading Partner Testing Procedures

1. ProviderOne companion guides and trading partner enrollment package are available for download via the web at <http://maa.dshs.wa.gov/dshshipaa>
2. The Trading Partner completes the Trading Partner Agreement and submits the signed agreement to DSHS.

Submit to: Provider Enrollment



PO Box 45562

Olympia, WA 98504-5562

\*\*For Questions call 1-800-562-3022 option 2, then option 5\*\*

3. The trading partner is assigned a Submitter ID, Domain, Logon User ID and password.
4. The trading partner submits all HIPAA test files through the ProviderOne web portal or Secure File Transfer Protocol (SFTP).
  - Web Portal URL: <https://www.waproviderone.org/edi>
  - SFTP URL: <sftp://ftp.waproviderone.org/>
5. The trading partner downloads acknowledgements for the test file from the ProviderOne web portal or SFTP.
6. If ProviderOne system generates a positive TA1 and positive 997 acknowledgement, the file is successfully accepted. The trading partner is then approved to send 837 HIPAA files in production.
7. If the test file generates a negative TA1 or negative 997 acknowledgement, then the submission is unsuccessful and the file is rejected. The trading partner needs to resolve all the errors that are reported on the negative TA1 or negative 997 and resubmit the file for test. Trading partners will continue to test in the testing environment until they receive a positive TA1 and positive 997.

### 2.1.3 Who to contact for assistance

- Telephone Number: 1-800-562-3022
  - Select option 2
  - Select option 4
  - All calls result in the assignment of a Ticket Number for problem tracking
- Hours: 8:00 AM – 5:00 PM Pacific Standard Time, Monday through Friday
- Information required for initial call:
  - Topic of Call (setup, procedures, etc.)
  - Name of caller
  - Submitter ID Number
  - Organization of caller
  - Telephone number of caller
  - Nature of problem (connection, receipt status, etc.)
- Information required for follow up call(s):
  - Assigned Ticket Number



## 2.2 Upload batches via Web Interface

Once logged into the ProviderOne Portal, the following options will be viewable to the user:

The screenshot shows the ProviderOne Portal homepage. On the left, there is a vertical navigation menu with sections like 'Claims', 'Client', 'Payments', 'ProviderOne-Generated Invoices', 'Managed Care', 'Prior Authorization', and 'Provider'. Each section has a 'Hide/Max' link next to it. The 'Claims' section contains links for 'Claim Inquiry', 'Claim Adjustment/Void', 'On-line Claims Entry', 'On-line Batch Claims Submission (837)', and 'Resubmit Denied/Voided Claim'. The 'Client' section contains 'Benefit Inquiry'. The 'Payments' section contains 'View Payment', 'View Accounts Receivable Invoice', and 'View Capitation Payment'. The 'ProviderOne-Generated Invoices' section contains 'View Invoice' and 'Validate Invoice'. The 'Managed Care' section contains 'View Enrollment Roster' and 'View ETRR'. The 'Prior Authorization' section contains 'On-line Prior Authorization Submission', 'Prior Authorization Inquiry', and 'Prior Authorization Adjustment'. The 'Provider' section contains 'Provider Inquiry' and 'Manage Provider Information'. At the top right, there is a 'Welcome' message from the Department of Social and Health Services (DSHS) stating: 'The mission of DSHS is to improve the quality of life for individuals and families in need.' Below this, there is a 'My Reminders' section with a table header: 'Alert Type', 'Alert Message', 'Alert Date', 'Due Date', and 'Read'.

Scroll down to the next page of options and click on the HIPAA option to manage the HIPAA transactions.

This screenshot shows the same ProviderOne Portal interface as above, but with the 'HIPAA' section expanded in the left sidebar. The 'HIPAA' section contains links for 'Submit HIPAA Batch Transaction' and 'Retrieve HIPAA Batch Responses'. The rest of the menu and the 'My Reminders' section are identical to the previous screenshot.



In order to upload a file, the following steps are followed:

Click on the Upload button to upload a HIPAA file

The screenshot shows the ProviderOne Admin interface. The top navigation bar includes links for My Inbox, Admin, Provider, Claims, Reference, Client, TPL, Drug Rebate, Rate Setting, PA, Managed Care, Cash Receipt, and Payroll. A message at the top states, "Welcome Administrator, Super . You have logged-in with Super Administrator profile." Below this, a sub-menu bar shows "Path: MyInbox/ Batch Attachment Response". A central message area says, "Please click on the Upload button to upload your file." At the bottom of the page, status information is displayed: "Page ID: pgBatchAttachmentResponse(Admin)", "Environment: SysTst", and "Server Time: 12/14/2007 11:29:06 EST". The bottom right corner shows a browser status bar with "Local intranet" and "100%".

On file upload page click on the Browse button to attach HIPAA file from local file system. After selecting the file from the local file system, press OK to start the upload.

The screenshot shows a file upload dialog box. The title bar says "Attachment:". The main content area has a heading "Please select the file to be uploaded:". Below this is a "Filename:" label followed by a text input field and a "Browse..." button. At the bottom right of the dialog are "OK" and "Cancel" buttons.



Once the file is uploaded to the ProviderOne system success/failure message is displayed on the screen along with transmission details.

The screenshot shows the ProviderOne software interface with a blue header bar containing various menu options like My Inbox, Admin, Provider, Claims, Reference, Client, TPL, Drug Rebate, Rate Setting, PA, Managed Care, Cash Receipt, and Payroll. Below the header is a message box stating "Welcome Administrator, Super . You have logged-in with Super Administrator profile." and "Path: MyInbox / Batch Attachment Response". A sub-header says "Please click on the Upload button to upload your file." Below this, there's a section titled "Upload File Response" with a "Thank You" message. It details a successfully uploaded file: "File Name: HIPAA.165760000.20071214112906.HIPAA\_2761.dat", "Submitter ID: 165760000", and "Date/Time: 12/14/2007". It also notes that the file has been submitted for processing and provides a link to view the response after 24 hours.

Select Retrieve Acknowledgement/Response option from the HIPAA screen to retrieve Acknowledgements/Responses (TA1, 997, 271, 277, 820, 834, 835, or 277U) as shown below:

The screenshot shows the ProviderOne software interface with a blue header bar containing various menu options like My Inbox, Admin, Provider, Claims, Reference, Client, TPL, Drug Rebate, Rate Setting, PA, Managed Care, Cash Receipt, and Payroll. Below the header is a message box stating "Welcome Nguyen, Chris . You have logged-in with EXT Provider Super User profile." and "Path: Provider Portal/Retrieve Acknowledgment Response File". A sub-header says "Please click on the Upload button to upload your file." Below this, there's a section titled "HIPAA Response/Acknowledgement". It includes a "Filter By : File Name" dropdown and a "Go" button. The main area is a table listing received transactions with columns: Provider ID, File Name, Transaction Type, Interchange Control Number, Upload/Sent Date, Response Type, Acknowledgement Status, and Response File ID. The table contains numerous entries, each with a unique Provider ID and File Name, such as "HIPAA.105970000.20080922091524.hipaa.102508600.0919081206.837p.dat" and "HIPAA.105970000.20080923152827.hipaa.105970000.09220081521.prv4351e.dat". At the bottom of the table, there are navigation buttons for "Prev", "Next >", "Page Count", and "SaveToXLS".

\*Note: Filter by the File Name and then use the wildcard '%' to see received transactions.  
The data can be sorted by clicking on the up or down arrows.



## 2.3 Set-up, Directory, and File Naming Convention

### 2.3.1 SFTP Set-up

Trading partners can contact 1-800-562-3022 for information on establishing connections through the FTP server. Upon completion of set-up, they will receive additional instructions on FTP usage.

### 2.3.2 SFTP Directory Naming Convention

There would be two categories of folders under Trading Partner's SFTP folders:

1. TEST – Trading Partners should submit and receive their test files under this root folder
2. PROD – Trading Partners should submit and receive their production files under this root folder

Following folder will be available under TEST/PROD folder within SFTP root of the Trading Partner:

'HIPAA Inbound' - This folder should be used to drop the Inbound files that needs to be submitted to DSHS

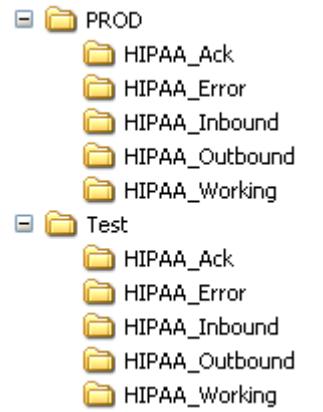
'HIPAA Ack' - Trading partner should look for acknowledgements to the files submitted in this folder. TA1, 997 and custom error report will be available for all the files submitted by the Trading Partner

'HIPAA Outbound' – X12 outbound transactions generated by DSHS will be available in this folder

'HIPAA Error' – Any inbound file that is not HIPAA compliant or is not recognized by ProviderOne will be moved to this folder



### **Folder structure will appear as:**



### **2.3.3 File Naming Convention**

The HIPAA Subsystem Package is responsible for assisting ProviderOne activities related to Electronic Transfer and processing of Health Care and Health Encounter Data, with a few exceptions or limitations.

HIPAA files are named:

#### **For Inbound transactions:**

<originalfilename>.<dat>

Example of file name: BCH221.dat

- <originalfilename>: is the original file name which is submitted by the trading partner.
- .dat : If the file does not have '.dat' as the extension it will not be processed. '.dat' is the required extension.

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## **2.4 Transaction Standards**

### **2.4.1 General Information**

HIPAA standards are specified in the Implementation Guide for each mandated transaction and modified by authorized Addenda. Currently, the 837 transaction has one Addendum. This Addendum has been adopted as final and is incorporated into DSHS requirements.



An overview of requirements specific to the transaction can be found in the 837 Implementation Guide. Implementation Guides contain information related to:

- Format and content of interchanges and functional groups
- Format and content of the header, detailer and trailer segments specific to the transaction
- Code sets and values authorized for use in the transaction
- Allowed exceptions to specific transaction requirements

Transmission sizes are limited based on two factors:

- Number of Segments/Records allowed by DSHS
- DSHS file size limitations

DSHS limits the size of the transaction (ST-SE envelope) to a maximum of 5,000 CLM segments.

DSHS limits a file size to 50 MB while uploading HIPAA files through the ProviderOne web portal and 100 MB through FTP.

## 2.4.2 Data Format

### Delimiters

The ProviderOne will use the following delimiters on outbound transactions:

- Data element separator - Asterisk ( \* )
- Sub-element Separator - colon ( : )
- Segment Terminator - Tilde ( ~ )

### Dates

The following rules apply to any dates in the 837 transaction:

- For the 837 Professional and Dental all dates will be formatted according to Year 2000 compliance, CCYYMMDD, except for the ISA09 element where the date format is YYMMDD.
- For the 837 Institutional all dates will be formatted according to Year 2000 compliance, CCYYMMDD, except for the ISA09 element where



the date format is YYMMDD and the Admission Date/Hour where the date format is CCYYMMDDHHMM.

- The only value acceptable for "CC" (century) is 20. The exception to this rule is for any of the Date of Birth values.
- Time is in military time format, 1 to 24 to indicate hours and 00 to 59 to indicate minutes and/or seconds. ISA10 and GS05 elements are formatted HHMM (ie 2115 defines the time of 9:15 p.m.). BGN04 element is HHMMSS (ie 211515 defines the time of 9:15:15 p.m.).
- No spaces or character delimiters should be used in presenting dates or times.
- Dates that are logically invalid (e.g. 20071301) are rejected.

### Field Length

HIPAA regulations specify field lengths for all of the data elements of the 837 Healthcare Claim transaction. For some of these data elements, ProviderOne processes fewer characters than the maximum allowed. The Transaction Specifications in section 3 display the ProviderOne field lengths.

### Phone Numbers

Phone numbers are presented as contiguous number strings, without dashes or parenthesis markers. For example, the phone number (800) 555-1212 should be presented as 8005551212. Area codes should always be included.

### 2.4.3 Data Interchange Conventions

When accepting 837 Healthcare Claim transactions from trading partners, DSHS follows standards developed by the Accredited Standards Committee (ASC) of the American National Standards Institute (ANSI). These standards involve Interchange (ISA/IEA) and Functional Group (GS/GE) Segments or "outer envelopes". All 837 Transactions should follow the HIPAA guideline. Please refer to the 837 Implementation Guide for ISA/IEA envelop, GS/GE functional group and ST/SE transaction specifications. Specific information on how individual data elements are populated by DSHS on ISA/IEA and GS/GE envelopes are shown in the table beginning later in this section.

The ISA/IEA Interchange Envelope, unlike most ASC X12 data structures has fixed field length. The entire data length of the data element should be considered and padded with spaces if the data element length is less than the field length.

Example of ISA with the entire data length with padded spaces:



ISA\*00\* \*00\* \*ZZ\*123456789 \*ZZ\*77045  
\*040303\*1300\*U\*00401\*000001001\*1\*T\*:~

DSHS accepts 837 transaction files with single ISA/IEA and GS/GE envelopes. 837 transactions (with their limit of 5,000 CLM segments within an ST/SE envelope), can have multiple ST/SE envelopes within the same GS/GE envelope.

#### **2.4.4 Acknowledgement Procedures**

Once the file is submitted by the trading partner and is successfully received by the ProviderOne system, a response in the form of TA1 and 997 acknowledgement transactions will be placed in appropriate folder (on the FTP server) of the trading partner. The ProviderOne system generates positive TA1 and positive 997 acknowledgement, if the submitted HIPAA file meets HIPAA standards related to syntax and data integrity. For files, which do not meet the HIPAA standards a negative TA1 and/or negative 997 are generated and sent to the trading partner.

#### **2.4.5 Rejected Transmissions and Transactions**

837 Healthcare Claims will be rejected if the file does not meet HIPAA standards for syntax, data integrity and structure (Strategic National Implementation Process (SNIP) type 1 and 2). Additionally, the transactions will be validated against DSHS defined custom rules (SNIP type 7) as specified in the Transaction Specification section. Non-compliance of the custom rules will result in rejection of the transaction.



## 3 Transaction Specifications

### 837 PROFESSIONAL

Page	Loop	Segment	Data Element	Element Name	Comments
<b>INTERCHANGE CONTROL HEADER</b>					
App. B	ENVELOPE	ISA	01	Authorization Information Qualifier	Please use '00'
App. B	ENVELOPE	ISA	02	Authorization Information	Please use 10 spaces
App. B	ENVELOPE	ISA	03	Security Information Qualifier	Please use '00'
App. B	ENVELOPE	ISA	04	Security Information	Please use 10 spaces
App. B	ENVELOPE	ISA	05	Interchange ID Qualifier	Please use 'ZZ'
App. B	ENVELOPE	ISA	06	Interchange Sender ID	Please enter the 9-digit ProviderOne ID
App. B	ENVELOPE	ISA	07	Interchange ID Qualifier	Please use 'ZZ'
App. B	ENVELOPE	ISA	08	Interchange Receiver ID	Please enter '77045' followed by spaces
App. B	ENVELOPE	ISA	09	Interchange Date	Date format is YYMMDD
App. B	ENVELOPE	ISA	10	Interchange Time	Time format is HHMM
App. B	ENVELOPE	ISA	11	Interchange Control Standards Identifier	Use 'U'



Page	Loop	Segment	Data Element	Element Name	Comments
App. B	ENVELOPE	ISA	12	Interchange Control Version Number	Use '00401'
App. B	ENVELOPE	ISA	13	Interchange Control Number	Must be identical to IEA02
App. B	ENVELOPE	ISA	14	Acknowledgment Requested	Please use '1'
App. B	ENVELOPE	ISA	15	Usage Indicator	Please use 'T' when submitting a Test File  Please use 'P' when submitting a Production File
App. B	ENVELOPE	ISA	16	Component Element Separator	Please use ':'



### FUNCTIONAL GROUP HEADER

App. B	ENVELOPE	GS	01	Functional Identifier Code	Use 'HC'
App. B	ENVELOPE	GS	02	Application Sender's Code	Please use the 9-digit ProviderOne ID.  This should be same as ISA06 and Loop 1000A, Data Element NM109
App. B	ENVELOPE	GS	03	Application Receiver's Code	Please use '77045'
App. B	ENVELOPE	GS	04	Date	Date format is CCYYMMDD
App. B	ENVELOPE	GS	05	Time	Time format is HHMM
App. B	ENVELOPE	GS	06	Group Control Number	Must be identical to GE02
App. B	ENVELOPE	GS	07	Responsible Agency Code	Use 'X'
App. B	ENVELOPE	GS	08	Version / Release / Industry Identifier Code	Use '004010X098A1'

### TRANSACTION SET HEADER

61	HEADER	ST	01	Transaction set identifier code	Please use '837'
61	HEADER	ST	02	Transaction set control number	Must be identical to SE02

**Beginning of Hierarchical Transaction**



62	HEADER	BHT	01	Hierarchical Structure Code	Use '0019'
63	HEADER	BHT	02	Transaction Set Purpose Code	Please use '00'
63	HEADER	BHT	03	Originator Application Transaction Identifier Reference Identification	
63	HEADER	BHT	04	Transaction Set Creation Date	Date Format is CCYYMMDD
64	HEADER	BHT	05	Transaction Set Creation Time	Time Format is HHMM
64	HEADER	BHT	06	Claim or Encounter Indicator Transaction Type Code	Please use 'CH'
<b>Transmission Type Identification</b>					
65	HEADER	REF	01	Reference Identification Qualifier	Use '87'
65	HEADER	REF	02	Transmission Type Code Reference Identification	Please use '004010X098DA1' when submitting Test File  Please use '004010X098A1' when submitting Production File
<b>Loop ID 1000A - Submitter Name</b>					
67	1000A	NM1	101	Entity Identifier Code	Use '41'

State of Washington ProviderOne Project  
Main Event Companion Guide



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67	1000A	NM1	02	Entity Type Qualifier	Please use appropriate Code
67	1000A	NM1	03	Last Name or Organization Name	Please enter Submitters Last or Organization Name
67	1000A	NM1	04	Name First	Required if NM102 = 1
67	1000A	NM1	08	Identification Code Qualifier	Use '46'
68	1000A	NM1	09	Identification Code	Please use the 9-digit ProviderOne ID.  This should be same as ISA06 and GS02

#### Submitter EDI Contact Information

70	1000A	PER	01	Contact Function Code	Use 'IC'
70	1000A	PER	02	Name	Please enter Submitter Contact Name
70	1000A	PER	03	Communication Number Qualifier	Please use 'TE'
70	1000A	PER	04	Communication Number	Please enter Submitter Contact Phone Number
71	1000A	PER	05	Communication Number Qualifier	Please use 'EM'
71	1000A	PER	06	Communication Number	Please enter Submitter Contact Email Address



<b>Loop ID 1000B - Receiver Name</b>					
73	1000B	NM1	01	Entity Identifier Code	Use '40'
73	1000B	NM1	02	Entity Type Qualifier	Use '2'
73	1000B	NM1	03	Name Last or Organization Name	Please use 'WA State DSHS'
73	1000B	NM1	08	Identification Code Qualifier	Use '46'
73	1000B	NM1	09	Identification Code	Please use '77045'
<b>Loop ID 2000A - Billing/Pay-To Provider Hierarchical Level</b>					
75	2000A	HL	01	Hierarchical ID Number	
75	2000A	HL	03	Hierarchical Level Code	Use '20'
75	2000A	HL	04	Hierarchical Child Code	Use '1'
<b>Billing/Pay-To Provider Specialty Information</b>					
76	2000A	PRV	01	Provider Code	<p>Please use appropriate code</p> <p>If 'BI' is used than the taxonomy code will be applied to the Billing Provider in 2010AA</p> <p>If 'PT' is used, than the taxonomy code will be applied to the Pay-To Provider in</p>



					2010AB
77	2000A	PRV	02	Reference Identification Qualifier	Use 'ZZ'
77	2000A	PRV	03	Provider Taxonomy Code (Specialty Code) Reference Identification	Please enter Provider Taxonomy Code
<b>Loop ID 2010AA - Billing Provider Name</b>					
82	2010AA	NM1	01	Entity Identifier Code	Use '85'
82	2010AA	NM1	02	Entity Type Qualifier	Please use appropriate code
82	2010AA	NM1	03	Last Name or Organization Name	Please enter Billing Provider Last or Organizational Name
82	2010AA	NM1	04	First Name	Required if NM102 = 1
83	2010AA	NM1	08	Identification code qualifier	<p>For Healthcare Providers please use 'XX'</p> <p>For Atypical Providers who are not required to have an NPI please use one of the following qualifiers:</p> <ul style="list-style-type: none"> <li>24 - Employer ID</li> <li>34 - SSN</li> </ul>



83	2010AA	NM1	09	Identification code	Please enter Billing Provider NPI if NM108 = 'XX'  Please enter Employer Identification Number or Social Security Number of Billing Provider if NM108 = '24' or '34'
<b>Billing Provider Address</b>					
84	2010AA	N3	01	Address Information	Please enter Address of Billing Provider
84	2010AA	N3	02	Address Information	
<b>Billing Provider City/State/Zip</b>					
85	2010AA	N4	01	City Name	Please enter City Name of Billing Provider
86	2010AA	N4	02	State or Province Code	Please enter State of Billing Provider
86	2010AA	N4	03	Postal Code	Please enter Zip Code of Billing Provider
<b>Billing Provider Secondary Info Identification</b>					
88	2010AA	REF	01	Reference Identification Qualifier	Please use 'EI' or 'SY' if NM108 = 'XX'  Please use '1D' if NM108 = '24' or '34'



88	2010AA	REF	02	Reference Identification	<p>Please enter Employers Identification Number or Social Security Number of Billing Provider if REF01 = 'EI' or 'SY'</p> <p>Please enter 9 digit alphanumeric ProviderOne ID if REF01 = '1D'</p>
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### Billing Provider Contact Information

#### NOTE:

Required if this information is different than that contained in the Loop 1000A - Submitter PER Segment. If different, please use the following guidelines.

93	2010AA	PER	01	Contact Function Code	Use 'IC'
93	2010AA	PER	02	Name	Please enter Billing Provider Contact Name
93	2010AA	PER	03	Communication Number Qualifier	Please use 'TE'
93	2010AA	PER	04	Communication Number	Please enter Billing Provider Contact Phone Number
93	2010AA	PER	05	Communication Number Qualifier	Please use 'EM'
94	2010AA	PER	06	Communication Number	Please enter Billing Provider Contact Email Address



### Loop ID 2010AB - Pay-To Provider Name

#### NOTE:

Required if the Pay-to Provider is a different entity than the Billing Provider. If different, please use the following guidelines.

If used, please use 'PT' in Loop 2000A, Data Element PRV01

96	2010AB	NM1	01	Entity Identifier Code	Use '87'
96	2010AB	NM1	02	Entity Type Qualifier	Please use appropriate code
96	2010AB	NM1	03	Last Name or Organization Name	Please enter Pay-To Provider Last or Organizational Name
96	2010AB	NM1	04	First Name	Required if NM102 = 1
97	2010AB	NM1	08	Identification code qualifier	For Healthcare Providers please use 'XX'  For Atypical Providers who are not required to have an NPI please use one of the following qualifiers: 24 - Employer ID 34 - SSN



97	2010AB	NM1	09	Identification code	Please enter Pay-To Provider NPI if NM108 = 'XX'  Please enter Employer Identification Number or Social Security Number of Pay-To Provider if NM108 = '24' or '34'
<b>Pay-to Provider Address</b>					
98	2010AB	N3	01	Address Information	Please enter Address of Pay-To Provider
98	2010AB	N3	02	Address Information	
<b>Pay-to Provider City/State/Zip Code</b>					
99	2010AB	N4	01	City Name	Please enter City Name of Pay-To Provider
99	2010AB	N4	02	State or Province Code	Please enter State of Pay-To Provider
100	2010AB	N4	03	Postal Code	Please enter Zip Code of Pay-To Provider
<b>Pay-to Provider Secondary Information Identification</b>					
101	2010AB	REF	01	Reference Identification Qualifier	Please use 'EI' or 'SY' if NM108 = 'XX'  Please use '1D' if NM108 = '24' or '34'



102	2010AB	REF	02	Reference Identification	<p>Please enter Employers Identification Number or Social Security Number of Billing Provider if REF01 = 'EI' or 'SY'</p> <p>Please enter 9 digit alphanumeric ProviderOne ID if REF01 = '1D'</p>
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#### Loop ID 2000B - Subscriber Hierarchical Level

104	2000B	HL	01	Hierarchical ID Number	
104	2000B	HL	02	Hierarchical Parent ID Number	
104	2000B	HL	03	Hierarchical Level Code	Use '22'
104	2000B	HL	04	Hierarchical Child Code	Please use appropriate code



Subscriber Information					
105	2000B	SBR	01	Payer Responsibility Sequence Number Code	Please use appropriate Code
106	2000B	SBR	02	Individual Relationship Code	Use '18'
107	2000B	SBR	09	Claim Filing Indicator Code	Please use 'MC'
Loop ID 2010BA - Subscriber Name					
113	2010BA	NM1	01	Entity Identifier Code	Use 'IL'
113	2010BA	NM1	02	Entity Type Qualifier	Please use '1'
113	2010BA	NM1	03	Last Name or Organization Name	Please enter Last Name of Subscriber
113	2010BA	NM1	04	First Name	Please enter First Name of Subscriber
114	2010BA	NM1	08	Identification code qualifier	Please use 'MI'
114	2010BA	NM1	09	Identification code	<p>Please enter 11 digit ProviderOne Client ID</p> <p>ProviderOne Client ID is 9 numeric digits followed by 'WA'</p> <p>Example is 123456789WA</p>



<b>Subscriber Address</b>					
115	2010BA	N3	01	Address Information	Please enter Address of Subscriber
115	2010BA	N3	02	Address Information	
<b>Subscriber City/State/Zip Code</b>					
116	2010BA	N4	01	City Name	Please enter City Name of Subscriber
117	2010BA	N4	02	State or Province Code	Please enter State of Subscriber
117	2010BA	N4	03	Postal Code	Please enter Zip Code of Subscriber
<b>Subscriber Demographic Information</b>					
118	2010BA	DMG	01	Date Time Period Format Qualifier	Use 'D8'
119	2010BA	DMG	02	DOB Date Time Period	Please enter Subscriber Date of Birth
119	2010BA	DMG	03	Gender Code	Please enter Gender of Subscriber
<b>Loop ID 2010BB - Payer Name</b>					
125	2010BB	NM1	01	Entity Identifier Code	Use 'PR'
125	2010BB	NM1	02	Entity Type Qualifier	Use '2'
125	2010BB	NM1	03	Name Last or Organization Name	Please use 'WA State DSHS'



125	2010BB	NM1	08	Identification Code Qualifier	Please use 'PI'
125	2010BB	NM1	09	Identification Code	Please use '77045'
<b>Payer Address</b>					
127	2010BB	N3	01	Address Information	Please use 'Claims Processing'
127	2010BB	N3	02	Address Information	Please use 'PO BOX 9248'
<b>Payer City/State/Zip Code</b>					
128	2010BB	N4	01	City Name	Please use 'Olympia'
129	2010BB	N4	02	State or Province Code	Please use 'WA'
129	2010BB	N4	03	Postal Code	Please use '98504'
<b>Loop ID 2300 - Claim Information</b>					
161	2300	CLM	01	Patient Account Number Claim Submitter's Identifier	Please enter Patient Account Number
162	2300	CLM	02	Total Claim Charge Amount Monetary Amount	Please enter Total Claim Charge Amount
162	2300	CLM	05-1	Facility Code Value	Please enter Place of Service Code from Code Source 237



164	2300	CLM	05-3	Claim Frequency Type Code	Please enter appropriate Claim Frequency Type Code below:  1 - Original 7 - Replacement/Adjustment 8 - Void
164	2300	CLM	06	Provider signature on file flag Yes/No Condition or Response Code	Please use appropriate code
164	2300	CLM	07	Provider Accept Assignment Code	Please use appropriate code
165	2300	CLM	08	Benefits Assignment Certification Indicator Yes/No Condition or Response Code	Please use appropriate code
165	2300	CLM	09	Release of Info code	Please use appropriate code

### Patient Paid Amount

#### NOTE:

Please use the following guidelines if the Patient Paid Amount is necessary to adjudicate the claim

205	2300	AMT	01	Amount Qualifier Code	Use 'F5'
205	2300	AMT	02	Patient Paid Amount Monetary Amount	Please enter Patient Amount Paid



### Prior Authorization or Referral Number

#### NOTE:

Please use the following guidelines if the Prior Authorization Number is necessary to adjudicate the claim

214	2300	REF	01	Reference Identification Qualifier	Please use 'G1'
214	2300	REF	02	Reference Identification	Please enter Prior Authorization Number

### Original Reference Number (ICN/DCN)

#### NOTE:

Required if CLM05-3 is a '7' or '8'.

If applicable, please use the following guidelines

216	2300	REF	01	Reference Identification Qualifier	Use 'F8'
216	2300	REF	02	Reference Identification	Please enter 19 digit Transaction Control Number (TCN) of claim

### Claim Note

#### NOTE:

Please use the following guidelines if Claim Notes are necessary to adjudicate the claim

231	2300	NTE	01	Note reference code	Please use appropriate code
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231	2300	NTE	02	Description	Please enter claim notes. This field is 80 bytes in length.
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### Health Care Diagnosis Code

**NOTE:**

Do not transmit the decimal points in the diagnosis codes. The decimal is assumed

252	2300	HI	01	Health Care Code Information(Qualifier Code, Industry Code)	
253	2300	HI	01-1	Code List Qualifier Code	Use 'BK'
253	2300	HI	01-2	Industry Code	Please enter Principal Diagnosis Code
253	2300	HI	02	Health Care Code Information(Qualifier Code, Industry Code)	Please use the following guidelines if additional diagnosis codes need to be reported  Repeat as necessary
253	2300	HI	02-1	Code List Qualifier Code	Use 'BF'
253	2300	HI	02-2	Industry Code	Please enter Diagnosis Code
254	2300	HI	03	Health Care Code Information(Qualifier Code, Industry Code)	
254	2300	HI	03-1	Code List Qualifier Code	
254	2300	HI	03-2	Industry Code	



254	2300	HI	04	Health Care Code Information(Qualifier Code, Industry Code)	
254	2300	HI	04-1	Code List Qualifier Code	
255	2300	HI	04-2	Industry Code	
255	2300	HI	05	Health Care Code Information(Qualifier Code, Industry Code)	
255	2300	HI	05-1	Code List Qualifier Code	
255	2300	HI	05-2	Industry Code	
256	2300	HI	06	Health Care Code Information(Qualifier Code, Industry Code)	
256	2300	HI	06-1	Code List Qualifier Code	
256	2300	HI	06-2	Industry Code	
256	2300	HI	07	Health Care Code Information(Qualifier Code, Industry Code)	
256	2300	HI	07-1	Code List Qualifier Code	
257	2300	HI	07-2	Industry Code	
257	2300	HI	08	Health Care Code Information(Qualifier Code, Industry Code)	



257	2300	HI	08-1	Code List Qualifier Code	
257	2300	HI	08-2	Industry Code	
<b>Loop ID 2310A - Referring Provider Name</b>					
NOTE:					
					Please use the following guidelines if the Referring Provider information is necessary to adjudicate the claim
270	2310A	NM1	01	Entity Identifier Code	Please use 'DN'
270	2310A	NM1	02	Entity Type Qualifier	Please use appropriate code
270	2310A	NM1	03	Last Name or Organization Name	Please enter Referring Provider Last or Organization Name
270	2310A	NM1	04	First Name	Required if NM102 = 1
271	2310A	NM1	08	Identification code qualifier	For Healthcare Providers please use 'XX'
271	2310A	NM1	09	Identification code	Please enter Referring Provider NPI



<b>Referring Provider Secondary Identification</b>					
274	2310A	REF	01	Reference Identification Qualifier	For Atypical Providers who are not required to have an NPI please use '1D'
275	2310A	REF	02	Reference Identification	Please enter 9 digit alphanumeric ProviderOne ID
<b>Loop ID 2310B - Rendering Provider Name</b>					
NOTE:					
Please use the following guidelines if the Rendering Provider information is necessary to adjudicate the claim					
277	2310B	NM1	01	Entity Identifier Code	Use '82'
277	2310B	NM1	02	Entity Type Qualifier	Please use appropriate code
277	2310B	NM1	03	Last Name or Organization Name	Please enter Rendering Provider Last or Organizational Name
277	2310B	NM1	04	First Name	Required if NM102=1
278	2310B	NM1	08	Identification code qualifier	For Healthcare Providers please use 'XX'
278	2310B	NM1	09	Identification code	Please enter Rendering Provider NPI



<b>Rendering Provider Specialty Information</b>					
279	2310B	PRV	01	Provider Code	Use 'PE'
280	2310B	PRV	02	Reference Identification Qualifier	Use 'ZZ'
280	2310B	PRV	03	Provider Taxonomy Code (Specialty Code)	Please enter Rendering Provider Taxonomy Code
<b>Rendering Provider Secondary Identification</b>					
281	2310B	REF	01	Reference Identification Qualifier	For Atypical providers who are not required to have an NPI please use '1D'
282	2310B	REF	02	Reference Identification	Please enter 9 digit alphanumeric ProviderOne ID
<b>Loop ID 2320 - Other Subscriber Information</b>					
<b>NOTE:</b>  Please use the following guidelines if Other Subscriber Information is necessary to adjudicate the claim					



302	2320	SBR	01	Payer Responsibility sequence Number Code	Please use appropriate code
302	2320	SBR	02	Individual Relationship code	Please use '18'
303	2320	SBR	03	Group or Policy Number Reference Identification	<p>Please enter Subscriber Group or Policy Number</p> <p>Required if the subscriber's other payer identification includes Group or Plan Number</p>
303	2320	SBR	04	Group or Plan Name	<p>Please enter Subscriber Insured Group or Plan Name</p> <p>Required if the subscriber's other payer identification includes Group or Plan Name</p>
304	2320	SBR	05	Insurance Type code	Use 'MB' when submitting Medicare Crossover Claims otherwise use 'C1'
304	2320	SBR	09	Claim filing indicator code	Use 'MB' when submitting Medicare Crossover Claims otherwise use 'MC'
<b>Coordination Of Benefits (COB) Payer Paid Amount</b>					
315	2320	AMT	01	Amount Qualifier Code	Use 'D'



315	2320	AMT	02	Monetary Amount	Please enter Paid Amount by Medicare or Other Payer
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#### Coordination Of Benefits (COB) Approved Amount

316	2320	AMT	01	Amount Qualifier Code	Use 'AAE'
316	2320	AMT	02	Approved Monetary Amount	Please enter Approved Amount by Medicare or Other Payer

#### Coordination Of Benefits (COB) Allowed Amount

317	2320	AMT	01	Amount Qualifier Code	Use 'B6'
317	2320	AMT	02	Allowed Monetary Amount	Please enter Allowed Amount by Medicare or Other Payer

#### Coordination Of Benefits (COB) Patient Paid Amount

322	2320	AMT	01	Amount Qualifier Code	Please use 'F5'
323	2320	AMT	02	Patient Paid Monetary Amount	Please enter Medicare or Other Payer Patient Paid Amount

#### Subscriber Demographic Information

326	2320	DMG	01	Date Time Period Format Qualifier	Use 'D8'
327	2320	DMG	02	DOB Date Time Period	Please enter Subscriber's Date of Birth



327	2320	DMG	03	Gender Code	Please enter Gender of Subscriber
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#### Other Insurance Coverage Information

329	2320	OI	03	Yes/No Condition or Response Code	Please use appropriate code
329	2320	OI	04	Patient Signature Source Code	
329	2320	OI	06	Release of Information Code	Please use appropriate code

#### Loop ID 2330A - Other Subscriber Name

335	2330A	NM1	01	Entity Identifier Code	Use 'IL'
335	2330A	NM1	02	Entity Type Qualifier	Please use '1'
335	2330A	NM1	03	Last Name or Organization Name	Please enter Subscriber Last Name
335	2330A	NM1	04	First Name	Please enter Subscriber First Name
336	2330A	NM1	08	Identification code qualifier	Please use 'MI'
336	2330A	NM1	09	Identification code	Please enter Subscriber Primary Identifier

#### Other Subscriber Address

337	2330A	N3	01	Address Information	Please enter Subscriber Address
337	2330A	N3	02	Address Information	



<b>Other Subscriber City/State/Zip Code</b>					
338	2330A	N4	01	City Name	Please enter City Name of Subscriber
339	2330A	N4	02	State or Province Code	Please enter State of Subscriber
339	2330A	N4	03	Postal Code	Please enter Zip Code of Subscriber
<b>Loop ID 2330B - Other Payer Name</b>					
NOTE:					
Do not indicate "Medicaid" here. Only report information on other payers if known					
343	2330B	NM1	01	Entity Identifier Code	Use 'PR'
343	2330B	NM1	02	Entity Type Qualifier	Use '2'
343	2330B	NM1	03	Last Name or Organization Name	Please enter Medicare or Other Payer Organization Name
343	2330B	NM1	08	Identification code qualifier	Please use 'PI'
344	2330B	NM1	09	Identification code	Please enter Medicare or Other Payer Primary Identifier
<b>Claim Adjudication Date</b>					
348	2330B	DTP	01	Date/Time Qualifier	Use '573'
348	2330B	DTP	02	Date Time Period Format Qualifier	Use 'D8'



349	2330B	DTP	03	Date Time Period	Please enter Claim Paid Date by Medicare or Other Payer
<b>Other Payer Secondary Identification</b>					
350	2330B	REF	01	Reference Identification Qualifier	Please use 'F8'
351	2330B	REF	02	Reference Identification	Please enter the Medicare or Other Payer claim number
<b>Loop ID 2400 - Service Line</b>					
381	2400	LX	01	Line Counter Assigned Number	
<b>Professional Service</b>					
383	2400	SV1	01-1	Product/Service ID Qualifier	Please use 'HC'
383	2400	SV1	01-2	Product/Service I	Please enter Procedure Code
383	2400	SV1	01-3	Procedure Modifier	If applicable, please enter as many Procedure Modifiers as necessary
384	2400	SV1	01-4	Procedure Modifier	
384	2400	SV1	01-5	Procedure Modifier	
384	2400	SV1	01-6	Procedure Modifier	
384	2400	SV1	02	Submitted charge Monetary amount	Please enter Line Item Charge Amount



385	2400	SV1	03	Unit or Basis for Measurement Code	Please use 'UN'
385	2400	SV1	04	Quantity	Please enter Procedure count. Do not use decimals
386	2400	SV1	05	Facility Code Value	<p>Please enter Place of Service Code from code source 237</p> <p>Required if value is different than value carried in Loop 2300, Data Element CLM05-1</p>
387	2400	SV1	07-1	Diagnosis Code Pointer	Please enter Diagnosis Code Pointer
387	2400	SV1	07-2	Diagnosis Code Pointer	If applicable, please enter additional Diagnosis Code Pointers
387	2400	SV1	07-3	Diagnosis Code Pointer	
387	2400	SV1	07-4	Diagnosis Code Pointer	



<b>Service Date</b>					
415	2400	DTP	01	Date Time Qualifier	Use '472'
415	2400	DTP	02	Date Time Period Format Qualifier	Please use appropriate code
415	2400	DTP	03	Service Date	Please enter Service Date
<b>Prior Authorization Or Referral Number</b>					
NOTE:					
Required if service line involved a Prior Authorization number that is different than the number reported at the claim level in Loop 2300. If different, please use the following guidelines					
447	2400	REF	01	Reference Identification Qualifier	Please use 'G1'
447	2400	REF	02	Reference Identification	Please enter Prior Authorization Number
<b>Line Item Control Number</b>					
NOTE:					
DSHS strongly encourages the use of this segment					
449	2400	REF	01	Reference Identification Qualifier	Use '6R'
449	2400	REF	02	Reference Identification	Please enter Line Item Control Number



### Approved Amount

**NOTE:**

If different than Approved Amount in Loop 2320 please use the following guidelines

462	2400	AMT	01	Amount Qualifier Code	Use 'AAE'
462	2400	AMT	02	Approved Amount	Please enter Service Line Approved Amount by Medicare or Other Payer

### Line Note

**NOTE:**

Please use the following guidelines if Claim Notes at the line level are necessary to adjudicate the claim

465	2400	NTE	01	Note Reference Code	Please use appropriate code
465	2400	NTE	02	Claim Note Text Description	Please enter claim notes. This field is 80 bytes in length.

### Loop ID 2410A - Drug Identification

**NOTE:**

Please use the following guidelines if the NDC information is necessary to adjudicate the claim

478	2410A	LIN	02	Product/Service ID Qualifier	Use 'N4'
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478	2410A	LIN	03	National Drug Code Product/Service ID	National Drug Code (NDC) in 5-4-2 format
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### Drug Pricing

**NOTE:**

Please use the following guidelines if additional NDC information is necessary to adjudicate the claim

482	2410A	CTP	03	Drug Unit Price	Please enter Drug Unit Price
482	2410A	CTP	04	National Drug Unit Count Quantity	Please enter National Drug Unit Count
482	2410A	CTP	05-1	Unit/Basis for Measurement Code	Please enter appropriate code

### Loop ID 2420A - Rendering Provider Name

**NOTE:**

Required if the Rendering Provider information is different than that carried in the 2310B claim loop. If different, please use the following guidelines

487	2420A	NM1	01	Entity Identifier Code	Use '82'
487	2420A	NM1	02	Entity Type Qualifier	Please use appropriate code
487	2420A	NM1	03	Last Name or Organization Name	Please enter Rendering Provider Last or Organizational Name
487	2420A	NM1	04	First Name	Required if NM102=1



488	2420A	NM1	08	Reference Identification code qualifier	For Healthcare Providers please use 'XX'
488	2420A	NM1	09	Reference Identification code	Please enter Rendering Provider NPI
<b>Rendering Provider Specialty Information</b>					
489	2420A	PRV	01	Provider Code	Use 'PE'
490	2420A	PRV	02	Reference Identification Qualifier	Use 'ZZ'
490	2420A	PRV	03	Provider Taxonomy Code (Specialty Code)	Please enter Rendering Provider Taxonomy Code
<b>Rendering Provider Secondary Identification</b>					
491	2420A	REF	01	Reference Identification Qualifier	For Atypical Providers who are not required to have an NPI please use '1D'
492	2420A	REF	02	Reference Identification	Please enter 9 digit alphanumeric ProviderOne ID



### Loop ID 2420F - Referring Provider Name

**NOTE:**

Required if the Referring Provider information is different than that carried in the 2310A claim loop. If different, please use the following guidelines

523	2420F	NM1	01	Entity Identifier Code	Please use 'DN'
523	2420F	NM1	02	Entity Type Qualifier	Use '1'
523	2420F	NM1	03	Last Name or Organization Name	Please enter Referring Provider Last Name
523	2420F	NM1	04	First Name	Please enter Referring Provider First Name
524	2420F	NM1	08	Identification code qualifier	For Healthcare Providers please use 'XX'
524	2420F	NM1	09	Identification code	Please enter Referring Provider NPI



### Referring Provider Secondary Identification

527	2420F	REF	01	Reference Identification Qualifier	For Atypical Providers who are not required to have an NPI please use '1D'
528	2420F	REF	02	Reference Identification	Please enter 9 digit alphanumeric ProviderOne ID

### Service Line Adjudication Information

**NOTE:**

Please use the following guidelines if claim has been previously adjudicated by payer identified in Loop 2330B and service line has adjustments applied to it.

534	2430	SVD	01	Identification Code	Please enter Payer Identifier
534	2430	SVD	02	Monetary Amount	Please enter Service Line Paid Amount
534	2430	SVD	03-1	Product /Service ID Qualifier	Please use HC
535	2430	SVD	03-2	Product/Service ID	Please enter code
536	2430	SVD	05	Quantity	Please enter quantity

### Line Adjustment

**NOTE:**

Submitters should use this CAS segment if the payer identified in Loop 2330B made line level adjustments which caused the amount paid to differ from the amount originally charged.

539	2430	CAS	01	Claim Adjustment Group Code	Please use appropriate code
539	2430	CAS	02	Claim Adjustment	Please enter



				Reason Code	appropriate CARC
539	2430	CAS	03	Monetary Amount	Please enter Adjustment Amount
539	2430	CAS	04	Quantity	Please enter quantity

**REPEAT THRU CAS19 IF NECESSARY**

**Line Adjudication Date**

**NOTE:**

Please use the following guidelines if the Line Adjudication Date is different than the Claim Adjudication Date carried in the 2330B claim loop.

545	2430	DTP	01	Date/Time Qualifier	Use '573'
545	2430	DTP	02	Date Time Period Format Qualifier	Use 'D8'
545	2430	DTP	03	Date Time Period	Please enter Line Adjudication Date

**TRANSACTION SET TRAILER**

551	Trailer	SE	01	Number of Included Segments	The total number of segments in the transaction set inclusive to the ST-SE segments
551	Trailer	SE	02	Transaction Set Control Number	Must be identical to ST02



### FUNCTIONAL GROUP TRAILER

App.B	Trailer	GE	01	Number of Transaction Sets Included	
App.B	Trailer	GE	02	Group Control Number	Must be identical to GS06

### INTERCHANGE CONTROL TRAILER

App.B	Trailer	IEA	01	Number of Included Functional Groups	
App.B	Trailer	IEA	02	Interchange Control Number	Must be identical to ISA13



## 837 INSTITUTIONAL

Page	Loop	Segment	Data Element	Element Name	Comments
<b>INTERCHANGE CONTROL HEADER</b>					
App.B	ENVELOPE	ISA	01	Authorization Information Qualifier	Please use '00'
App.B	ENVELOPE	ISA	02	Authorization Information	Please use 10 spaces
App.B	ENVELOPE	ISA	03	Security Information Qualifier	Please use '00'
App.B	ENVELOPE	ISA	04	Security Information	Please use 10 spaces
App.B	ENVELOPE	ISA	05	Interchange ID Qualifier	Please use 'ZZ'
App.B	ENVELOPE	ISA	06	Interchange Sender ID	Please enter the 9-digit ProviderOne ID
App.B	ENVELOPE	ISA	07	Interchange ID Qualifier	Please use 'ZZ'
App.B	ENVELOPE	ISA	08	Interchange Receiver ID	Please enter '77045' followed by spaces
App.B	ENVELOPE	ISA	09	Interchange Date	Date format is YYMMDD
App.B	ENVELOPE	ISA	10	Interchange Time	Time format is HHMM
App.B	ENVELOPE	ISA	11	Interchange Control Standards Identifier	Use 'U'
App.B	ENVELOPE	ISA	12	Interchange Control Version Number	Use '00401'



Page	Loop	Segment	Data Element	Element Name	Comments
App.B	ENVELOPE	ISA	13	Interchange Control Number	Must be identical to IEA02
App.B	ENVELOPE	ISA	14	Acknowledgment Requested	Please use '1'
App.B	ENVELOPE	ISA	15	Usage Indicator	Please use 'T' when submitting a Test File  Please use 'P' when submitting a Production File
App.B	ENVELOPE	ISA	16	Component Element Separator	Please use ':'

### FUNCTIONAL GROUP HEADER

App.B	ENVELOPE	GS	01	Functional Identifier Code	Use 'HC'
App.B	ENVELOPE	GS	02	Application Sender's Code	Please use the 9-digit ProviderOne ID.  This should be same as ISA06 and Loop 1000A, Data Element NM109
App.B	ENVELOPE	GS	03	Application Receiver's Code	Please use '77045'
App.B	ENVELOPE	GS	04	Date	Date format is CCYYMMDD
App.B	ENVELOPE	GS	05	Time	Time format is HHMM
App.B	ENVELOPE	GS	06	Group Control Number	Must be identical to GE02



Page	Loop	Segment	Data Element	Element Name	Comments
App.B	ENVELOPE	GS	07	Responsible Agency Code	Use 'X'
App.B	ENVELOPE	GS	08	Version / Release / Industry Identifier Code	Use '004010X096A1'
<b>TRANSACTION SET HEADER</b>					
56	HEADER	ST	01	Transaction set identifier code	Please use '837'
56	HEADER	ST	02	Transaction set control number	Must be identical to SE02
<b>Beginning of Hierarchical Transaction</b>					
57	HEADER	BHT	01	Hierarchical Structure Code	Use '0019'
58	HEADER	BHT	02	Transaction Set Purpose Code	Please use '00'
58	HEADER	BHT	03	Reference Identification	
58	HEADER	BHT	04	Date	Date Format is CCYYMMDD
58	HEADER	BHT	05	Time	Time Format is HHMM
59	HEADER	BHT	06	Transaction Type Code	Please use 'CH'
<b>Transmission Type Identification</b>					
60	HEADER	REF	01	Reference Identification Qualifier	Use '87'



60	HEADER	REF	02	Transmission Type Code	<p>Please use '004010X096DA1' when submitting Test File</p> <p>Please use '004010X096A1' when submitting Production File</p>
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#### Loop ID 1000A - Submitter Name

62	1000A	NM1	01	Entity Identifier Code	Use '41'
62	1000A	NM1	02	Entity Type Qualifier	Please use appropriate Code
62	1000A	NM1	03	Last Name or Organization Name	Please enter Submitters Last or Organization Name
62	1000A	NM1	04	Name First	Required if NM102 = 1
62	1000A	NM1	08	Identification Code Qualifier	Use '46'
63	1000A	NM1	09	Identification Code	<p>Please use the 9-digit ProviderOne ID.</p> <p>This should be same as ISA06 and GS02</p>

#### Submitter EDI Contact Information

65	1000A	PER	01	Contact Function Code	Use 'IC'
65	1000A	PER	02	Name First	Please enter Submitter Contact Name



65	1000A	PER	03	Communication Number Qualifier	Please use 'TE'
65	1000A	PER	04	Communication Number	Please enter Submitter Contact Phone Number
65	1000A	PER	05	Communication Number Qualifier	Please use 'EM'
65	1000A	PER	06	Communication Number	Please enter Submitter Contact Email Address

#### Loop ID 1000B - Receiver Name

68	1000B	NM1	01	Entity Identifier Code	Use '40'
68	1000B	NM1	02	Entity Type Qualifier	Use '2'
68	1000B	NM1	03	Name Last or Organization Name	Please use 'WA State DSHS'
68	1000B	NM1	08	Identification Code Qualifier	Use '46'
68	1000B	NM1	09	Identification Code	Please use '77045'

#### Loop ID 2000A - Billing/Pay-To Provider Hierarchical Level

70	2000A	HL	01	Hierarchical ID Number	
70	2000A	HL	03	Hierarchical Level Code	Use '20'
70	2000A	HL	04	Hierarchical Child Code	Use '1'



### Billing/Pay-To Provider Specialty Information

71	2000A	PRV	01	Provider Code	<p>Please use appropriate code</p> <p>If 'BI' is used than the taxonomy code will be applied to the Billing Provider in 2010AA</p> <p>If 'PT' is used, than the taxonomy code will be applied to the Pay-To Provider in 2010AB</p>
72	2000A	PRV	02	Reference Identification Qualifier	Use 'ZZ'
72	2000A	PRV	03	Provider Taxonomy Code (Specialty Code)	Please enter Provider Taxonomy Code

### Loop ID 2010AA - Billing Provider Name

77	2010AA	NM1	01	Entity Identifier Code	Use '85'
77	2010AA	NM1	02	Entity Type Qualifier	Please use appropriate code
77	2010AA	NM1	03	Last Name or Organization Name	Please enter Billing Provider Last or Organization Name



77	2010AA	NM1	08	Identification code qualifier	For Healthcare Providers please use 'XX'  For Atypical Providers who are not required to have an NPI please use one of the following qualifiers: 24 - Employer ID 34 - SSN
78	2010AA	NM1	09	Identification code	Please enter Billing Provider NPI if NM108 = 'XX'  Please enter Employer Identification Number or Social Security Number of Billing Provider if NM108 = '24' or '34'

#### Billing Provider Address

79	2010AA	N3	01	Address Information	Please enter Address of Billing Provider
79	2010AA	N3	02	Address Information	

#### Billing Provider City/State/Zip Code

80	2010AA	N4	01	City Name	Please enter City Name of Billing Provider
81	2010AA	N4	02	State or Province Code	Please enter State of Billing Provider
81	2010AA	N4	03	Postal Code	Please enter Zip Code of Billing Provider



### Billing Provider Secondary Identification

83	2010AA	REF	01	Reference Identification Qualifier	Please use 'EI' or 'SY' if NM108 = 'XX'  Please use '1D' if NM108 = '24' or '34'
84	2010AA	REF	02	Reference Identification	Please enter Employers Identification Number or Social Security Number of Billing Provider if REF01 = 'EI' or 'SY'  Please enter 9 digit alphanumeric ProviderOne ID if REF01 = '1D'

### Billing Provider Contact Information

#### NOTE:

Required if this information is different than that contained in the Loop 1000A - Submitter PER Segment. If different, please use the following guidelines

88	2010AA	PER	01	Contact Function Code	Use 'IC'
88	2010AA	PER	02	Name	Please enter Billing Provider Contact Name
88	2010AA	PER	03	Communication Number Qualifier	Please use 'TE'
88	2010AA	PER	04	Communication Number	Please enter Billing Provider Contact Phone Number



89	2010AA	PER	05	Communication Number Qualifier	Please use 'EM'
89	2010AA	PER	06	Communication Number	Please enter Billing Provider Contact Email Address

### **Loop ID 2010AB - Pay-To Provider Name**

**NOTE:**

Required if the Pay-to Provider is a different entity than the Billing Provider. If different, please use the following guidelines.

If used, please use 'PT' in Loop 2000A, Data Element PRV01

92	2010AB	NM1	01	Entity Identifier Code	Use '87'
92	2010AB	NM1	02	Entity Type Qualifier	Please use appropriate code
92	2010AB	NM1	03	Last Name or Organization Name	Please enter Pay-To Provider Last or Organization Name
92	2010AB	NM1	08	Identification code qualifier	<p>For Healthcare Providers please use 'XX'</p> <p>For Atypical Providers who are not required to have an NPI please use one of the following qualifiers:</p> <p>24 - Employer ID</p> <p>34 - SSN</p>



93	2010AB	NM1	09	Identification code	Please enter Pay-To Provider NPI if NM108 = 'XX'  Please enter Employer Identification Number or Social Security Number of Pay-To Provider if NM108 = '24' or '34'
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### Pay-To Provider Address

94	2010AB	N3	01	Address Information	Please enter Address of Pay-To Provider
94	2010AB	N3	02	Address Information	

### Pay-To Provider City/State/Zip Code

95	2010AB	N4	01	City Name	Please enter City Name of Pay-To Provider
95	2010AB	N4	02	State or Province Code	Please enter State of Pay-To Provider
95	2010AB	N4	03	Postal Code	Please enter Zip Code of Pay-To Provider



### Pay-To Provider Secondary Identification

97	2010AB	REF	01	Reference Identification Qualifier	Please use 'EI' or 'SY' if NM108 = 'XX'  Please use '1D' if NM108 = '24' or '34'
98	2010AB	REF	02	Reference Identification	Please enter Employers Identification Number or Social Security Number of Billing Provider if REF01 = 'EI' or 'SY'  Please enter 9 digit alphanumeric ProviderOne ID if REF01 = '1D'

### Loop ID 2000B - Subscriber Hierarchical Level

100	2000B	HL	01	Hierarchical ID Number	
100	2000B	HL	02	Hierarchical Parent ID Number	
100	2000B	HL	03	Hierarchical Level Code	Use '22'
100	2000B	HL	04	Hierarchical Child Code	Please use appropriate code



<b>Subscriber Information</b>					
102	2000B	SBR	01	Payer Responsibility sequence Number	Please use appropriate Code
103	2000B	SBR	02	Individual Relationship code	Use '18'
104	2000B	SBR	09	Claim Filing Indicator Code	Please use 'MC'
<b>Loop ID 2010BA - Subscriber Name</b>					
107	2010BA	NM1	01	Entity Identifier Code	Use 'IL'
107	2010BA	NM1	02	Entity Type Qualifier	Please use '1'
107	2010BA	NM1	03	Last Name or Organization Name	Please enter Last Name of Subscriber
107	2010BA	NM1	04	First Name	Please enter First Name of Subscriber
108	2010BA	NM1	08	Identification code qualifier	Please use 'MI'
108	2010BA	NM1	09	Identification code	<p>Please enter 11 digit ProviderOne Client ID</p> <p>ProviderOne Client ID is 9 numeric digits followed by 'WA'</p> <p>Example is 123456789WA</p>



<b>Subscriber Address</b>					
109	2010BA	N3	01	Address Information	Please enter Address of Subscriber
109	2010BA	N3	02	Address Information	
<b>Subscriber City/State/Zip Code</b>					
110	2010BA	N4	01	City Name	Please enter City Name of Subscriber
110	2010BA	N4	02	State or Province Code	Please enter State of Subscriber
110	2010BA	N4	03	Postal Code	Please enter Zip Code of Subscriber
<b>Subscriber Demographic Information</b>					
112	2010BA	DMG	01	Date Time Period Format Qualifier	Use 'D8'
113	2010BA	DMG	02	DOB	Please enter Subscriber Date of Birth
113	2010BA	DMG	03	Gender Code	Please enter Gender of Subscriber
<b>Loop ID 2010BC - Payer Name</b>					
124	2010BC	NM1	01	Entity Identifier Code	Use 'PR'
124	2010BC	NM1	02	Entity Type	Use '2'
124	2010BC	NM1	03	Last Name or Organization Name	Please use 'WA State DSHS'



124	2010BC	NM1	08	Identification Code Qualifier	Please use 'PI'
125	2010BC	NM1	09	Identification Code	Please use '77045'
<b>Payer Address</b>					
126	2010BC	N3	01	Address Information	Please use 'Claims Processing'
126	2010BC	N3	02	Address Information	Please use 'PO BOX 9248'
<b>Payer City/State/Zip Code</b>					
127	2010BC	N4	01	City Name	Please use 'Olympia'
128	2010BC	N4	02	State or Province Code	Please use 'WA'
128	2010BC	N4	03	Postal Code	Please use '98504'
<b>Loop ID 2300 - Claim Information</b>					
155	2300	CLM	01	Claim Submitter's Identifier	Please enter Patient Account Number
156	2300	CLM	02	Monetary Amount	Please enter Total Claim Charge Amount
156	2300	CLM	05-1	Facility Code Value	Please enter appropriate Type of Bill Code
156	2300	CLM	05-2	Facility Code Qualifier	Use 'A'



156	2300	CLM	05-3	Claim Frequency Type Code	Please enter appropriate UB-04 Claim Frequency Type Code
157	2300	CLM	06	Yes/No Condition or Response Code	Please use appropriate code
154	2300	CLM	07	Provider Accept Assignment Code	
157	2300	CLM	08	Yes/No Condition or Response Code	Please use appropriate code
158	2300	CLM	09	Release of Info code	Please use appropriate code
159	2300	CLM	18	Yes/No Condition or Response Code	Please use appropriate code
<b>Discharge Hour</b>					
NOTE:					
Please use the following guidelines if the Discharge Hour is necessary to adjudicate the claim					
160	2300	DTP	01	Date Time Qualifier	Use '96'
160	2300	DTP	02	Date Time Period Format Qualifier	Use 'TM'
161	2300	DTP	03	Discharge Hour	Please enter Discharge Hour  Time Format in HHMM



<b>Statement Dates</b>					
162	2300	DTP	01	Date Time Qualifier	Use '434'
162	2300	DTP	02	Date Time Period Format Qualifier	Please use appropriate code
163	2300	DTP	03	Statement Date	Please enter Statement Date
<b>Admission Date/Hour</b>					
NOTE:  Please use the following guidelines if the Admission Date/Hour is necessary to adjudicate the claim					
164	2300	DTP	01	Date Time Qualifier	Use '435'
164	2300	DTP	02	Date Time Period Format Qualifier	Use 'DT'
165	2300	DTP	03	Admission Date/Hour	Please enter Admission Date/Hour  Date and Time Format in CCYYMMDDHHMM



### Original Reference Number (ICN/DCN)

#### NOTE:

Required if Data Element CLM05-3 is a '7' or '8'. If applicable, please use the following guidelines

186	2300	REF	01	Reference Identification Qualifier	Use 'F8'
187	2300	REF	02	Reference Identification	Please enter 19 digit Transaction Control Number (TCN) of claim

### Prior Authorization or Referral Number

#### NOTE:

Please use the following guidelines if the Prior Authorization Number is necessary to adjudicate the claim

193	2300	REF	01	Reference Identification Qualifier	Please use 'G1'
194	2300	REF	02	Reference Identification	Please enter Prior Authorization Number

### Claim Note

#### NOTE:

Please use the following guidelines if Claim Notes is necessary to adjudicate the claim

201	2300	NTE	01	Note reference code	Please use appropriate code
202	2300	NTE	02	Description	Please enter claim



					notes. This field is 80 bytes in length
<b>Principal, Admitting, E-Code and Patient Reason For Visit Diagnosis Information</b>					
NOTE:					
Please use the following guidelines if the diagnosis code(s) is necessary to adjudicate the claim					
235	2300	HI	01-1	Code List Qualifier Code	Use 'BK'
235	2300	HI	01-2	Industry Code	Please enter Principal Diagnosis Code
235	2300	HI	02-1	Code List Qualifier Code	Use 'BJ'
235	2300	HI	02-2	Industry Code	Please enter Admitting Diagnosis Code
236	2300	HI	03-1	Code List Qualifier Code	Use 'BN'
236	2300	HI	03-2	Industry Code	Please enter External Cause and Injury Code (E-Code)
<b>Diagnosis Related Group (DRG) Information</b>					
NOTE:					
Please use the following guidelines if the Drug Related Group Code (DRG) Code is necessary to adjudicate the claim					
237	2300	HI	01-1	Code List Qualifier Code	Use 'DR'
237	2300	HI	01-2	Industry Code	Please enter DRG Code



### Other Diagnosis Information

**NOTE:**

Please use the following guidelines if additional diagnosis codes need to be reported

Repeat as necessary

239	2300	HI	01-1	Code List Qualifier Code	Use 'BF'
240	2300	HI	01-2	Industry Code	Please enter Diagnosis Code

### REPEAT THRU HI12 SEGMENTS

### Principle Procedure Information

**NOTE:**

Please use the following guidelines if the Procedure Code is necessary to adjudicate the claim



249	2300	HI	01-1	Code List Qualifier Code	Please use appropriate code
250	2300	HI	01-2	Industry Code	Please enter Principal Procedure Code
250	2300	HI	01-3	Date Time Period Format Qualifier	Use 'D8' if HI01-1 = BR
250	2300	HI	01-4	Date Time Period	

### Other Procedure Information

**NOTE:**

Please use the following guidelines if other Procedure Codes are necessary to adjudicate the claim

Repeat as necessary

251	2300	HI	01-1	Code List Qualifier Code	Please use appropriate code
252	2300	HI	01-2	Industry Code	Please enter Procedure Code
252	2300	HI	01-3	Date Time Period Format Qualifier	Use 'D8'
252	2300	HI	01-4	Date Time Period	

**REPEAT THRU HI12 SEGMENTS**



### Occurrence Span Information

**NOTE:**

Please use the following guidelines if the Occurrence Span Information is necessary to adjudicate the claim

Repeat as necessary

263	2300	HI	01-1	Code List Qualifier Code	Use 'BI'
264	2300	HI	01-2	Industry Code	Please enter Occurrence Span Code
264	2300	HI	01-3	Date Time Period Format Qualifier	Use 'RD8'
264	2300	HI	01-4	Date Time Period	Please enter Occurrence Span Date  Date Format in CCYYMMDD – CCYYMMDD

### REPEAT THRU HI12 SEGMENTS

### Occurrence Information

**NOTE:**

Please use the following guidelines if the Occurrence Information is necessary to adjudicate the claim

Repeat as necessary

274	2300	HI	01-1	Code List Qualifier Code	Use 'BH'
275	2300	HI	01-2	Industry Code	Please enter Occurrence Code



275	2300	HI	01-3	Date Time Period Format Qualifier	Use 'D8'
275	2300	HI	01-4	Date Time Period	Please enter Occurrence Date

### REPEAT THRU HI12 SEGMENTS

#### Value Information

NOTE:

Please use the following guidelines if the Value Code Information is necessary to adjudicate the claim

Repeat as necessary

287	2300	HI	01-1	Code List Qualifier Code	Use 'BE'
288	2300	HI	01-2	Industry Code	Please enter Value Code
288	2300	HI	01-5	Monetary Amount	Please enter Value Code Associated Amount

### REPEAT THRU HI12 SEGMENTS

#### Condition Information

NOTE:

Please use the following guidelines if the Condition Code Information is necessary to adjudicate the claim

Repeat as necessary

297	2300	HI	01-1	Code List Qualifier Code	Use 'BG'
298	2300	HI	01-2	Industry Code	Please enter Condition Code

### REPEAT THRU HI12 SEGMENTS



<b>Claim Quantity</b>					
313	2300	QTY	01	Quantity Qualifier	Please use 'CA'
314	2300	QTY	02	Claim Days Count Quantity	Please enter Claims Day Count
314	2300	QTY	03-1	Unit or Basis for Measurement Code	Use 'DA'
<b>Loop ID 2310A – Attending Physician Name</b>					
NOTE:					
Please use the following guidelines if the Attending Provider information is necessary to adjudicate the claim					
329	2310A	NM1	01	Entity Identifier Code	Use '71'
329	2310A	NM1	02	Entity Type Qualifier	Please use appropriate code
329	2310A	NM1	03	Last Name or Organization Name	Please enter Attending Provider Last or Organization Name
329	2310A	NM1	04	First Name	Required if NM102 = 1
330	2310A	NM1	08	Identification code qualifier	For Healthcare Providers please use 'XX'
330	2310A	NM1	09	Identification code	Please enter Attending Provider NPI



### Attending Physician Specialty Information

331	2310A	PRV	01	Provider Code	Please use 'AT'
332	2310A	PRV	02	Reference Identification Qualifier	Use 'ZZ'
332	2310A	PRV	03	Provider Taxonomy Code (Specialty Code)	Please enter Attending Provider Taxonomy Code

### Attending Physician Secondary Information

333	2310A	REF	01	Reference Identification Qualifier	For Atypical providers who are not required to have an NPI please use '1D'
334	2310A	REF	02	Reference Identification	Please enter 9 digit alphanumeric ProviderOne ID

### Loop ID 2310B - Operating Physician Name

#### NOTE:

Please use the following guidelines if the Operating Provider information is necessary to adjudicate the claim

336	2310B	NM1	01	Entity Identifier Code	Use '72'
336	2310B	NM1	02	Entity Type Qualifier	Use '1'
336	2310B	NM1	03	Last Name or Organization Name	Please enter Operating Provider Last Name



336	2310B	NM1	04	First Name	Please enter Operating Provider First Name
337	2310B	NM1	08	Identification Code Qualifier	For Healthcare Providers please use 'XX'
337	2310B	NM1	09	Identification Code	Please enter Operating Provider NPI

### Operating Physician Secondary Information

338	2310B	REF	01	Reference Identification Qualifier	For Atypical providers who are not required to have an NPI please use '1D'
339	2310B	REF	02	Reference Identification	Please enter 9 digit alphanumeric ProviderOne ID

### Loop ID 2310C - Other Provider Name

#### NOTE:

Please use the following guidelines if the Other Provider information is necessary to adjudicate the claim

341	2310C	NM1	01	Entity Identifier Code	Use '73'
341	2310C	NM1	02	Entity Type Qualifier	Please use appropriate code
341	2310C	NM1	03	Last Name or Organization Name	Please enter Other Provider Last or Organization Name
341	2310C	NM1	04	First Name	Required if NM102 = 1



342	2310C	NM1	08	Identification code qualifier	For Healthcare Providers please use 'XX'
342	2310C	NM1	09	Identification code	Please enter Other Provider NPI

### Other Provider Secondary Information

343	2310C	REF	01	Reference Identification Qualifier	For Atypical providers who are not required to have an NPI please use '1D'
344	2310C	REF	02	Reference Identification	Please enter 9 digit alphanumeric ProviderOne ID

### Loop ID 2320 - Other Subscriber Information

#### NOTE:

Please use the following guidelines if Other Subscriber Information is necessary to adjudicate the claim

354	2320	SBR	01	Payer Responsibility sequence Number	Please use appropriate code
355	2320	SBR	02	Individual Relationship code	Please use '18'
357	2320	SBR	03	Group or Policy number Reference Identification	Please enter Subscriber Group or Policy Number  Required if the subscriber's other payer identification includes Group or Policy Number



357	2320	SBR	04	Name	Please enter Subscriber Group or Plan Name  Required if the subscriber's other payer identification includes Group or Plan Name
357	2320	SBR	09	Claim Filing Indicator Code	Use 'MA' when submitting Institutional Medicare Crossover Claims otherwise use 'MC'
<b>Payer Prior Payment</b>					
365	2320	AMT	01	Amount Qualifier Code	Use 'C4'
365	2320	AMT	02	Payer Prior Payment Monetary Amount	Please enter Amount Paid by Other Payer
<b>Coordination of Benefits (COB) Total Allowed Amount</b>					
366	2320	AMT	01	Amount Qualifier Code	Use 'B6'
366	2320	AMT	02	Coordination of Benefits (COB) Total Allowed Amt Monetary Amount	Please enter Allowed Amount by Medicare or Other Payer
<b>Coordination of Benefits (COB) Total Submitted Charges</b>					
367	2320	AMT	01	Amount Qualifier Code	Use 'T3'



367	2320	AMT	02	Coordination of Benefits (COB) Total Submitted Charges Monetary Amount	Please enter Total Submitted Charges by Medicare or Other Payer
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#### Coordination of Benefits (COB) Total Medicare Paid Amount

370	2320	AMT	01	Amount Qualifier Code	Use 'N1'
371	2320	AMT	02	Coordination of Benefits (COB) Medicare Paid Amt Monetary Amount	Please enter Amount Paid by Medicare

#### Other Subscriber Demographic Information

382	2320	DMG	01	Date Time Period Format Qualifier	Use 'D8'
383	2320	DMG	02	DOB Date Time Period	Please enter Subscriber's Date of Birth
383	2320	DMG	03	Gender Code	Please enter Gender of Subscriber

#### Other Insurance Coverage Information

384	2320	OI	03	Yes/No Condition or Response Code	Please use appropriate code
385	2320	OI	06	Release of Information Code	Please use appropriate code

#### Loop ID 2330A - Other Subscriber Name

395	2330A	NM1	01	Entity Identifier Code	Use 'IL'
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395	2330A	NM1	02	Entity Type Qualifier	Please use '1'
395	2330A	NM1	03	Last Name or Organization Name	Please enter Subscriber Last Name
395	2330A	NM1	04	First Name	Please enter Subscriber First Name
396	2330A	NM1	08	Identification code qualifier	Please use 'MI'
397	2330A	NM1	09	Identification code	Please enter Subscriber Primary Identifier
<b>Other Subscriber Address</b>					
398	2330A	N3	01	Address Information	Please enter Subscriber Address
399	2330A	N3	02	Address Information	
<b>Other Subscriber City/State/Zip Code</b>					
400	2330A	N4	01	City Name	Please enter City Name of Subscriber
401	2330A	N4	02	State or Province Code	Please enter State of Subscriber
401	2330A	N4	03	Postal Code	Please enter Zip Code of Subscriber
<b>Loop ID 2330B - Other Payer Name</b>					
404	2330B			Other Payer Name	Do not indicate "Medicaid" here. Only report information on other payers if known



404	2330B	NM1	01	Entity Identifier Code	Use 'PR'
405	2330B	NM1	02	Entity Type Qualifier	Use '2'
405	2330B	NM1	03	Last Name or Organization Name	Please enter Medicare or Other Payer Organization Name
405	2330B	NM1	08	Identification code qualifier	Please use 'PI'
405	2330B	NM1	09	Identification code	Please enter Medicare or Other Payer Primary Identifier

#### Claim Adjudication Date

409	2330B	DTP	01	Date/Time Qualifier	Use '573'
409	2330B	DTP	02	Date Time Period Format Qualifier	Use 'D8'
409	2330B	DTP	03	Date Time Period	Please enter Claim Paid Date by Medicare or Other Payer

#### Other Payer Secondary Identification & Reference Number

410	2330B	REF	01	Reference Identification Qualifier	Please use 'F8'
411	2330B	REF	02	Reference Identification	Please enter the Medicare or Other Payer claim number



<b>Loop ID 2400 - Service Line Number</b>					
434	2400	LX	01	Line Counter	
<b>Institutional Service Line</b>					
436	2400	SV2	01	Product/Service ID	Please enter service line Revenue Code
436	2400	SV2	02	Service Line Procedure Code	Please use the following guidelines if the service line Procedure Code is necessary to adjudicate the claim
436	2400	SV2	02-1	Product/Service ID Qualifier	Please use 'HC'
437	2400	SV2	02-2	Product/Service ID	Please enter service line Procedure Code
437	2400	SV2	02-3	Procedure Modifier	If applicable, please enter as many Procedure Modifiers as necessary
438	2400	SV2	02-4	Procedure Modifier	
438	2400	SV2	02-5	Procedure Modifier	
438	2400	SV2	02-6	Procedure Modifier	
438	2400	SV2	03	Monetary Amount	Please enter Line Item Charge Amount
439	2400	SV2	04	Unit or Basis for Measurement Code	Please use 'UN'
439	2400	SV2	05	Quantity	Please enter Service Unit Count  Do not use decimals



439	2400	SV2	06	Unit Rate	This data element is required when the associated revenue code is 100 – 219
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### Service Line Date

**NOTE:**

Please use the following guidelines if the Service Line Date involves a date that is different than the Statement Date reported at the claim level in Loop 2300

445	2400	DTP	01	Date Time Qualifier	Use '472'
445	2400	DTP	02	Date Time Period Format Qualifier	Please use appropriate code
445	2400	DTP	03	Service Line Date Time Period	Please enter Service Line Date

### Loop ID 2410 - Drug Identification

**NOTE:**

Please use the following guidelines if the NDC information is necessary to adjudicate the claim

459	2410	LIN	02	Product/Service ID Qualifier	Use 'N4'
459	2410	LIN	03	Product/Service ID	National Drug Code (NDC) in 5-4-2 format

### Drug Pricing Information

**NOTE:**

Please use the following guidelines if additional NDC information is necessary to adjudicate the claim



461	2410	CTP	03	Drug Unit Price	Please enter Drug Unit Price
461	2410	CTP	04	Quantity	Please enter Quantity
461	2410	CTP	05-1	Unit or Basis for Measurement Code	Please use appropriate code

### Loop ID 2420A – Attending Physician Name

**NOTE:**

Required if the Attending Provider information is different than that carried in the 2310A claim loop. If different, please use the following guidelines

465	2420A	NM1	01	Entity Identifier Code	Use '71'
465	2420A	NM1	02	Entity Type Qualifier	Please use appropriate code
465	2420A	NM1	03	Last Name or Organization Name	Please enter Attending Provider Last or Organizational Name
465	2420A	NM1	04	First Name	Required if NM102=1
465	2420A	NM1	08	Identification code qualifier	For Healthcare Providers please use 'XX'
466	2420A	NM1	09	Identification code	Please enter Attending Provider NPI

### Attending Physician Secondary Information



467	2420A	REF	01	Reference Identification Qualifier	For Atypical Providers who are not required to have an NPI please use '1D'
468	2420A	REF	02	Reference Identification	Please enter 9 digit alphanumeric ProviderOne ID

### Loop ID 2420B - Operating Physician Name

**NOTE:**

Required if the Operating Provider information is different than that carried in the 2310B claim loop. If different, please use the following guidelines

470	2420B	NM1	01	Entity Identifier Code	Use '72'
470	2420B	NM1	02	Entity Type Qualifier	Use '1'
470	2420B	NM1	03	Last Name or Organization Name	Please enter Last Name of Operating Provider
470	2420B	NM1	04	First Name	Please enter First Name of Operating Provider
470	2420B	NM1	08	Identification code qualifier	For Healthcare Providers please use 'XX'
471	2420B	NM1	09	Identification code	Please enter NPI of Operating Provider

### Operating Physician Secondary Information



472	2420B	REF	01	Reference Identification Qualifier	For Atypical Providers who are not required to have an NPI please use '1D'
473	2420B	REF	02	Reference Identification	Please enter 9 digit alphanumeric ProviderOne ID

### Loop ID 2420C - Other Provider Name

#### NOTE:

Required if the Other Provider information is different than that carried in the 2310C claim loop. If different, please use the following guidelines

475	2420C	NM1	01	Entity Identifier Code	Use '73'
475	2420C	NM1	02	Entity Type Qualifier	Please use appropriate code
475	2420C	NM1	03	Last Name or Organization Name	Please enter Other Provider Last or Organizational Name
475	2420C	NM1	04	First Name	Required if NM102=1
476	2420C	NM1	08	Identification code qualifier	For Healthcare Providers please use 'XX'
476	2420C	NM1	09	Identification code	Please enter Other Provider NPI



Other Provider Secondary Information					
477	2420C	REF	01	Reference Identification Qualifier	For Atypical Providers who are not required to have an NPI please use '1D'
478	2420C	REF	02	Reference Identification	Please enter 9 digit alphanumeric ProviderOne ID
Service Line Adjudication Information					
<b>NOTE:</b> Please use the following guidelines if claim has been previously adjudicated by payer identified in Loop 2330B and service line has adjustments applied to it.					
480	2430	SVD	01	Identification Code	Please enter Payer Identifier
480	2430	SVD	02	Monetary Amount	Please enter Service Line Paid Amount
480	2430	SVD	03-1	Product /Service ID Qualifier	Please use HC
481	2430	SVD	03-2	Product/Service ID	Please enter code
481	2430	SVD	04	Product/Service ID	Please enter code
482	2430	SVD	05	Quantity	Please enter quantity
Line Adjustment					
<b>NOTE:</b> Submitters should use this CAS segment if the payer identified in Loop 2330B made line level adjustments which caused the amount paid to differ from the amount originally charged.					
484	2430	CAS	01	Claim Adjustment Group Code	Please use appropriate code



485	2430	CAS	02	Claim Adjustment Reason Code	Please enter appropriate CARC
485	2430	CAS	03	Monetary Amount	Please enter Adjustment Amount
485	2430	CAS	04	Quantity	Please enter quantity

#### REPEAT THRU CAS19 IF NECESSARY

#### Loop ID 2430 – Service Adjudication Date

NOTE:

Please use the following guidelines if the Service Line Adjudication Date is different than the Claim Adjudication Date carried in the 2330B claim loop

491	2430	DTP	01	Date/Time Qualifier	Use '573'
491	2430	DTP	02	Dat Time Period Format Qualifier	Use 'D8'
491	2430	DTP	03	Date Time Period	Please enter Service Line Adjudication Date

#### TRANSACTION SET TRAILER

492	Trailer	SE	01	Number of Included Segments	The total number of segments in the transaction set inclusive to the ST-SE segments
492	Trailer	SE	02	Transaction Set Control Number	Must be identical to ST02

#### FUNCTIONAL GROUP TRAILER

App.B	Trailer	GE	01	Number of Transaction Sets	
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				Included	
App.B	Trailer	GE	02	Group Control Number	Must be identical to GS06
<b>INTERCHANGE CONTROL TRAILER</b>					
App.B	Trailer	IEA	01	Number of Included Functional Groups	
App.B	Trailer	IEA	02	Interchange Control Number	Must be identical to ISA13



## 837 DENTAL

Page	Loop	Segment	Data Element	Element Name	Comments
<b>INTERCHANGE CONTROL HEADER</b>					
App.B	ENVELOPE	ISA	01	Authorization Information Qualifier	Please use '00'
App.B	ENVELOPE	ISA	02	Authorization Information	Please use 10 spaces
App.B	ENVELOPE	ISA	03	Security Information Qualifier	Please use '00'
App.B	ENVELOPE	ISA	04	Security Information	Please use 10 spaces
App.B	ENVELOPE	ISA	05	Interchange ID Qualifier	Please use 'ZZ'
App.B	ENVELOPE	ISA	06	Interchange Sender ID	Please use the 9-digit ProviderOne ID
App.B	ENVELOPE	ISA	07	Interchange ID Qualifier	Please use 'ZZ'
App.B	ENVELOPE	ISA	08	Interchange Receiver ID	Please enter '77045' followed by spaces
App.B	ENVELOPE	ISA	09	Interchange Date	Date format is YYMMDD
App.B	ENVELOPE	ISA	10	Interchange Time	Time format is HHMM
App.B	ENVELOPE	ISA	11	Interchange Control Standards Identifier	Use 'U'
App.B	ENVELOPE	ISA	12	Interchange Control Version Number	Use '00401'



Page	Loop	Segment	Data Element	Element Name	Comments
App.B	ENVELOPE	ISA	13	Interchange Control Number	Must be identical to IEA02
App.B	ENVELOPE	ISA	14	Acknowledgment Requested	Please use '1'
App.B	ENVELOPE	ISA	15	Usage Indicator	Please use 'T' when submitting a Test File  Please use 'P' when submitting a Production File
App.B	ENVELOPE	ISA	16	Component Element Separator	Please use ':'
<b>FUNCTIONAL GROUP HEADER</b>					
App.B	ENVELOP	GS	01	Functional Identifier Code	Use 'HC'
App.B	ENVELOP	GS	02	Application Sender's Code	Please use the 9-digit ProviderOne ID.  This should be same as ISA06 and Loop 1000A, Data Element NM109
App.B	ENVELOP	GS	03	Application Receiver's Code	Please use '77045'
App.B	ENVELOP	GS	04	Date	Date format is CCYYMMDD
App.B	ENVELOP	GS	05	Time	Time format is HHMM
App.B	ENVELOP	GS	06	Group Control Number	Must be identical to GE02



Page	Loop	Segment	Data Element	Element Name	Comments
App.B	ENVELOP	GS	07	Responsible Agency Code	Use 'X'
App.B	ENVELOP	GS	08	Version / Release / Industry Identifier Code	Use '004010X097A1'
<b>TRANSACTION SET HEADER</b>					
53	HEADER	ST	01	Transaction set identifier Code	Please use '837'
53	HEADER	ST	02	Transaction set control number	Must be identical to SE02
<b>Beginning of Hierarchical Transaction</b>					
54	HEADER	BHT	01	Hierarchical Structure Code	Use '0019'
55	HEADER	BHT	02	Transaction Set Purpose Code	Please use '00'
55	HEADER	BHT	03	Reference Identification	
55	HEADER	BHT	04	Date	Date Format is CCYYMMDD
56	HEADER	BHT	05	Time	Time Format is HHMM
56	HEADER	BHT	06	Transaction Type Code	Please use 'CH'
<b>Transmission Type Identification</b>					



Page	Loop	Segment	Data Element	Element Name	Comments
57	HEADER	REF	01	Reference Identification Qualifier	Use '87'



57	HEADER	REF	02	Reference Identification	Please use '004010X097DA1' when submitting Test File  Please use '004010X097A1' when submitting Production File
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#### Loop ID 1000A - Submitter Name

60	1000A	NM1	01	Entity Identifier Code	Use '41'
60	1000A	NM1	02	Entity Type Qualifier	Please use appropriate Code
60	1000A	NM1	03	Last Name or Organization Name	Please enter Submitters Last or Organization Name
60	1000A	NM1	04	Name First	Required if NM102 = 1
60	1000A	NM1	08	Identification Code Qualifier	Use '46'
61	1000A	NM1	09	Identification Code	Please use the 9-digit ProviderOne ID.  This should be same as ISA06 and GS02

#### Submitter Contact Information

63	1000A	PER	01	Contact Function Code	Use 'IC'
63	1000A	PER	02	Name	Please enter Submitter Contact Name



63	1000A	PER	03	Communication Number Qualifier	Please use 'TE'
63	1000A	PER	04	Communication Number	Please enter Submitter Contact Phone Number
64	1000A	PER	05	Communication Number Qualifier	Please use 'EM'
64	1000A	PER	06	Communication Number	Please enter Submitter Contact Email Address

#### Loop ID - 1000B Receiver Name

66	1000B	NM1	01	Entity Identifier Code	Use '40'
66	1000B	NM1	02	Entity Type Qualifier	Use '2'
66	1000B	NM1	03	Name Last or Organization Name	Please use 'WA State DSHS'
66	1000B	NM1	08	Identification Code Qualifier	Use '46'
66	1000B	NM1	09	Identification Code	Please use '77045'

#### Loop ID 2000A - Billing/Pay-To Provider Hierarchical Level

68	2000A	HL	01	Hierarchical ID Number	
68	2000A	HL	03	Hierarchical Level Code	Use '20'
68	2000A	HL	04	Hierarchical Child Code	Use '1'



### Billing/Pay-To Provider Specialty Information

69	2000A	PRV	01	Provider Code	<p>Please use appropriate code</p> <p>If 'BI' is used than the taxonomy code will be applied to the Billing Provider in 2010AA</p> <p>If 'PT' is used, than the taxonomy code will be applied to the Pay-To Provider in 2010AB</p>
70	2000A	PRV	02	Reference Identification Qualifier	Use 'ZZ'
70	2000A	PRV	03	Reference Identification	Please enter Provider Taxonomy Code

### Loop ID 2010AA - Billing Provider Name

75	2010AA	NM1	01	Entity Identifier Code	Use '85'
75	2010AA	NM1	02	Entity Type Qualifier	Please use appropriate code
75	2010AA	NM1	03	Last Name or Organization Name	Please enter Billing Provider Last or Organizational Name
75	2010AA	NM1	04	First Name	Required if NM102 = 1



76	2010AA	NM1	08	Identification Code qualifier	<p>For Healthcare Providers please use 'XX'</p> <p>For Atypical Providers who are not required to have an NPI please use one of the following qualifiers:</p> <ul style="list-style-type: none"> <li>24 - Employer ID</li> <li>34 - SSN</li> </ul>
76	2010AA	NM1	09	Identification Code	<p>Please enter Billing Provider NPI if NM108 = 'XX'</p> <p>Please enter Employer Identification Number or Social Security Number of Billing Provider if NM108 = '24' or '34'</p>
<b>Billing Provider Address</b>					
77	2010AA	N3	01	Address Information	Please enter Address of Billing Provider
77	2010AA	N3	02	Address Information	
<b>Billing Provider City/State/Zip Code</b>					
78	2010AA	N4	01	City Name	Please enter City Name of Billing Provider
79	2010AA	N4	02	State or Province Code	Please enter State of Billing Provider



79	2010AA	N4	03	Postal Code	Please enter Zip Code of Billing Provider
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### Billing Provider Secondary Identification Number

81	2010AA	REF	01	Reference Identification Qualifier	Please use 'EI' or 'SY' if NM108 = 'XX'  Please use '1D' if NM108 = '24' or '34'
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81	2010AA	REF	02	Reference Identification	Please enter Employers Identification Number or Social Security Number of Billing Provider if REF01 = 'EI' or 'SY'  Please enter 9 digit alphanumeric ProviderOne ID if REF01 = '1D'
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### Loop ID 2010AB - Pay-To Provider's Name

#### NOTE:

Required if the Pay-to Provider is a different entity than the Billing Provider. If different, please use the following guidelines.

If used, please use 'PT' in Loop 2000A, Data Element PRV01



85	2010AB	NM1	01	Entity Identifier Code	Use '87'
85	2010AB	NM1	02	Entity Type Qualifier	Please use appropriate code
85	2010AB	NM1	03	Last Name or Organization Name	Please enter Pay-To Provider Last or Organizational Name
85	2010AB	NM1	04	First Name	Required if NM102 = 1
86	2010AB	NM1	08	Identification Code qualifier	<p>For Healthcare Providers please use 'XX'</p> <p>For Atypical Providers who are not required to have an NPI please use one of the following qualifiers:</p> <p>24 - Employer ID 34 - SSN</p>
86	2010AB	NM1	09	Identification Code	<p>Please enter Pay-To Provider NPI if NM108 = 'XX'</p> <p>Please enter Employer Identification Number or Social Security Number of Pay-To Provider if NM108 = '24' or '34'</p>
<b>Pay-To Provider Address</b>					
87	2010AB	N3	01	Address Information	Please enter Address of Pay-To Provider



87	2010AB	N3	02	Address Information	
<b>Pay-To Provider City/State/Zip Code</b>					
88	2010AB	N4	01	City Name	Please enter City Name of Pay-To Provider
89	2010AB	N4	02	State or Province Code	Please enter State of Pay-To Provider
89	2010AB	N4	03	Postal Code	Please enter Zip Code of Pay-To Provider
<b>Pay-To Provider Secondary Identification Number</b>					
91	2010AB	REF	01	Reference Identification Qualifier	<p>Please use 'EI' or 'SY' if NM108 = 'XX'</p> <p>Please use '1D' if NM108 = '24' or '34'</p>
91	2010AB	REF	02	Reference Identification	<p>Please enter Employers Identification Number or Social Security Number of Billing Provider if REF01 = 'EI' or 'SY'</p> <p>Please enter 9 digit alphanumeric ProviderOne ID if REF01 = '1D'</p>



<b>Loop ID 2000B - Subscriber Hierarchical Level</b>					
93	2000B	HL	01	Hierarchical ID Number	
93	2000B	HL	02	Hierarchical Parent ID Number	
93	2000B	HL	03	Hierarchical Level Code	Use '22'
93	2000B	HL	04	Hierarchical Child Code	Please use appropriate code
<b>Subscriber Information</b>					
95	2000B	SBR	01	Payer Responsibility sequence Number	Please use appropriate Code
96	2000B	SBR	02	Individual Relationship Code	Use '18'
96	2000B	SBR	06	Coordination of Benefits Code	Please use appropriate Code
97	2000B	SBR	09	Claim Filing Indicator Code	Please use 'MC'
<b>Loop ID 2010BA - Subscriber Name</b>					
100	2010BA	NM1	01	Entity Identifier Code	Use 'IL'
100	2010BA	NM1	02	Entity Type Qualifier	Please use '1'



100	2010BA	NM1	03	Last Name or Organization Name	Please enter Last Name of Subscriber
100	2010BA	NM1	04	First Name	Please enter First Name of Subscriber
101	2010BA	NM1	08	Identification Code qualifier	Please use 'MI'
102	2010BA	NM1	09	Identification Code	<p>Please enter 11 digit ProviderOne Client ID</p> <p>ProviderOne Client ID is 9 numeric digits followed by 'WA'</p> <p>Example is 123456789WA</p>

### Subscriber Address

103	2010BA	N3	01	Address Information	Please enter Address of Subscriber
103	2010BA	N3	02	Address Information	

### Subscriber City/State/Zip Code

104	2010BA	N4	01	City Name	Please enter City Name of Subscriber
105	2010BA	N4	02	State or Province Code	Please enter State of Subscriber
105	2010BA	N4	03	Postal Code	Please enter Zip Code of Subscriber



### Subscriber Demographic Information

106	2010BA	DMG	01	Date Time Period Format Qualifier	Use 'D8'
107	2010BA	DMG	02	DOB Date Time Period	Please enter Subscriber Date of Birth
107	2010BA	DMG	03	Gender Code	Please enter Gender of Subscriber

### Loop ID 2010BB - Payer Name

113	2010BB	NM1	01	Entity Identifier Code	Use 'PR'
113	2010BB	NM1	02	Entity Type Qualifier	Use '2'
113	2010BB	NM1	03	Name Last or Organization Name	Please use 'WA State DSHS'
113	2010BB	NM1	08	Identification Code qualifier	Please use 'PI'
113	2010BB	NM1	09	Identification Code	Please use '77045'

### Payer Address

115	2010BB	N3	01	Address Information	Please use 'Claims Processing'
115	2010BB	N3	02	Address Information	Please use 'PO BOX 9248'



<b>Payer City/State/Zip Code</b>					
116	2010BB	N4	01	City Name	Please use 'Olympia'
117	2010BB	N4	02	State or Province Code	Please use 'WA'
117	2010BB	N4	03	Postal Code	Please use '98504'
<b>Loop ID 2300 - Claim Information</b>					
142	2300	CLM	01	Claim Submitter's Identifier	Please enter Patient Account Number
143	2300	CLM	02	Total Claim Charge Amount Monetary Amount	Please enter Total Claim Charge Amount
144	2300	CLM	05-1	Facility Code Value	Please enter Place of Service Code from Code Source 237
144	2300	CLM	05-3	Claim Frequency Type Code	Please enter appropriate Claim Frequency Type Code below: 1 - Original 7 - Replacement/Adjustment 8 - Void
144	2300	CLM	06	Yes/No Condition or Response Code	Please use appropriate Code
145	2300	CLM	08	Yes/No Condition or Response Code	Please use appropriate Code
145	2300	CLM	09	Release of Info Code	Please use appropriate Code



### Date - Appliance Placement

#### NOTE:

Please use the following guidelines if the Appliance Placement Date is necessary to adjudicate the claim

155	2300	DTP	01	Date/Time Qualifier	Use '452'
155	2300	DTP	02	Date Time Period Format Qualifier	Use 'D8'
155	2300	DTP	03	Date Time Period	Please enter Appliance Placement Date

### Service Date

157	2300	DTP	01	Date Time Qualifier	Use '472'
157	2300	DTP	02	Date Time Period Format Qualifier	Please use appropriate code
158	2300	DTP	03	Service Date	Please enter Service Date

### Patient Amount Paid

#### NOTE:

Please use the following guidelines if the Patient Paid Amount is necessary to adjudicate the claim

166	2300	AMT	01	Amount Qualifier Code	Use 'F5'
166	2300	AMT	02	Patient Paid Amount Monetary Amount	Please enter Patient Amount Paid



### Original Reference Number

**NOTE:**

Required if CLM05-3 is a '7' or '8'. If applicable use the following guidelines

173	2300	REF	01	Reference Identification Qualifier	Use 'F8'
173	2300	REF	02	Reference Identification	Please enter 19 digit Transaction Control Number (TCN) of claim

### Prior Authorization or Referral Number

**NOTE:**

Please use the following guidelines if the Prior Authorization Number is necessary to adjudicate the claim

175	2300	REF	01	Reference Identification Qualifier	Please use 'G1'
175	2300	REF	02	Reference Identification	Please enter Prior Authorization number

### Claim Note

**NOTE:**

Please use the following guidelines if Claim Notes are necessary to adjudicate the claim

179	2300	NTE	01	Note Reference Code	Please use appropriate code
179	2300	NTE	02	Description	Please enter claim notes. This field is 80 bytes in length.



### Loop ID 2310A - Referring Provider Name

**NOTE:**

Please use the following guidelines if the Referring Provider Number is necessary to adjudicate the claim

181	2310A	NM1	01	Entity Identifier Code	Please use 'DN'
181	2310A	NM1	02	Entity Type Qualifier	Please use appropriate Code
181	2310A	NM1	03	Last Name or Organization Name	Please enter Referring Provider Last or Organization Name
181	2310A	NM1	04	First Name	Required if NM102 = 1
182	2310A	NM1	08	Identification Code qualifier	For Healthcare Providers please use 'XX'
182	2310A	NM1	09	Identification Code	Please enter Referring Provider NPI

### Referring Provider Secondary Identification

185	2310A	REF	01	Reference Identification Qualifier	For Atypical Providers who are not required to have an NPI please use '1D'
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185	2310A	REF	02	Reference Identification	Please enter 9 digit alphanumeric ProviderOne ID
<b>Loop ID 2310B - Rendering Provider Name</b>					

**NOTE:**

Please use the following guidelines if the Rendering Provider information is necessary to adjudicate the claim

188	2310B	NM1	01	Entity Identifier Code	Use '82'
188	2310B	NM1	02	Entity Type Qualifier	Please use appropriate code
188	2310B	NM1	03	Last Name or Organization Name	Please enter Rendering Provider Last or Organizational Name
188	2310B	NM1	04	First Name	Required if NM102=1
189	2310B	NM1	08	Identification Code qualifier	For Healthcare Providers please use 'XX'
189	2310B	NM1	09	Identification Code	Please enter Rendering Provider NPI

**Rendering Provider Specialty Information**

190	2310B	PRV	01	Provider Code	Use 'PE'
191	2310B	PRV	02	Reference Identification Qualifier	Use 'ZZ'



191	2310B	PRV	03	Reference Identification	Please enter Rendering Provider Taxonomy Code
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### Rendering Provider Secondary Identification

192	2310B	REF	01	Reference Identification Qualifier	For Atypical Providers who are not required to have an NPI please use '1D'
193	2310B	REF	02	Reference Identification	Please enter 9 digit alphanumeric ProviderOne ID

### Loop ID 2320 - Other Subscriber Information

#### NOTE:

Please use the following guidelines if Other Subscriber Information is necessary to adjudicate the claim

207	2320	SBR	01	Payer Responsibility sequence Number	Please use appropriate code
207	2320	SBR	02	Individual Relationship Code	Please use '18'
207	2320	SBR	03	Group or Policy number Reference Identification	<p>Please enter Subscriber Group or Policy Number</p> <p>Required if the subscriber's other payer identification includes Group or Policy Number</p>



208	2320	SBR	04	Group or Plan Name	Please enter Subscriber Insured Group or Plan Name  Required if the subscriber's other payer identification includes Group or Plan Name
208	2320	SBR	09	Claim filing indicator Code	Please use 'MC'

#### Coordination of Benefits (COB) Payer Paid Amount

217	2320	AMT	01	Amount Qualifier Code	Use 'D'
217	2320	AMT	02	Monetary Amount	Please enter Amount Paid by Other Payer

#### Coordination of Benefits (COB) Approved Amount

218	2320	AMT	01	Amount Qualifier Code	Use 'AAE'
218	2320	AMT	02	Approved Monetary Amount	Please enter Approved Amount by Other Payer

#### Coordination of Benefits (COB) Allowed Amount

219	2320	AMT	01	Amount Qualifier Code	Use 'B6'
219	2320	AMT	02	Allowed Monetary Amount	Please enter Allowed Amount by Other Payer



<b>Coordination of Benefits (COB) Patient Paid Amount</b>					
223	2320	AMT	01	Amount Qualifier Code	Use 'F5'
223	2320	AMT	02	Patient Paid Monetary Amount	Please enter Other Payer Patient Paid Amount
<b>Other Insured Demographic Information</b>					
224	2320	DMG	01	Date Time Period Format Qualifier	Use 'D8'
225	2320	DMG	02	DOB Date Time Period	Please enter Subscriber's Date of Birth
225	2320	DMG	03	Gender Code	Please enter Gender of Subscriber
<b>Other Insurance Coverage Information</b>					
226	2320	OI	03	Yes/No Condition or Response Code	Please use appropriate code
227	2320	OI	06	Release of Info Code	Please use appropriate code
<b>Loop ID 2330A - Other Subscriber Name</b>					
229	2330A	NM1	01	Entity Identifier Code	Use 'IL'
229	2330A	NM1	02	Payer Responsibility Sequence Number Code	Please use '1'



229	2330A	NM1	03	Last Name or Organization Name	Please enter Subscriber Last Name
229	2330A	NM1	04	First Name	Please enter Subscriber First Name
230	2330A	NM1	08	Identification Code Qualifier	Please use 'MI'
230	2330A	NM1	09	Identification Code	Please enter Subscriber Primary Identifier
<b>Other Subscriber Address</b>					
231	2330A	N3	01	Address Information	Please enter Subscriber Address
231	2330A	N3	02	Address Information	
<b>Other Subscriber City/State/Zip Code</b>					
232	2330A	N4	01	City Name	Please enter City Name of Subscriber
233	2330A	N4	02	State or Province Code	Please enter State of Subscriber
233	2330A	N4	03	Postal Code	Please enter Zip Code of Subscriber
<b>Loop ID 2330B - Other Payer Name</b>					
<p><b>NOTE:</b></p> <p>Do not indicate "Medicaid" here. Only report information on other payers if known</p>					
236	2330B	NM1	01	Entity Identifier Code	Use 'PR'



236	2330B	NM1	02	Entity Type Qualifier	Use '2'
237	2330B	NM1	03	Last Name or Organization Name	Please enter Other Payer Organization Name
237	2330B	NM1	08	Identification Code qualifier	Please use 'PI'
237	2330B	NM1	09	Identification Code	Please enter Other Payer Primary Identifier
<b>Claim Paid Date</b>					
241	2330B	DTP	01	Date/Time Qualifier	Use '573'
241	2330B	DTP	02	Date Time Period Format Qualifier	Use 'D8'
241	2330B	DTP	03	Date Time Period	Please enter Claim Date Paid by Other Payer
<b>Other Payer Secondary Identification</b>					
242	2330B	REF	01	Reference Identification Qualifier	Please use 'F8'
242	2330B	REF	02	Reference Identification	Please enter the Other Payer claim number
<b>Loop ID 2400 - Line Counter</b>					
260	2400	LX	01	Assigned Number	



<b>Dental Service</b>					
261	2400	SV3	01-1	Product/Service ID Qualifier	Use 'AD'
262	2400	SV3	01-2	Product/Service ID	Please enter Procedure Code
262	2400	SV3	01-3	Procedure Modifier	If applicable, please enter as many Procedure Code Modifiers as necessary
262	2400	SV3	01-4	Procedure Modifier	
262	2400	SV3	01-5	Procedure Modifier	
263	2400	SV3	01-6	Procedure Modifier	
263	2400	SV3	02	Monetary Amount	Please enter Line Item Charge Amount
263	2400	SV3	03	Facility Code Value	Please enter Place of Service Code from code source 237  Required if value is different than value carried in Loop 2300, Segment CLM05-1
264	2400	SV3	04-1	Oral Cavity Designation Code	If applicable, please enter as many Oral Cavity Designation Codes as necessary
264	2400	SV3	04-2	Oral Cavity Designation Code	
265	2400	SV3	04-3	Oral Cavity Designation Code	



265	2400	SV3	04-4	Oral Cavity Designation Code	
266	2400	SV3	04-5	Oral Cavity Designation Code	
266	2400	SV3	05	Prosthesis, Crown or Inlay Code	
266	2400	SV3	06	Quantity	Please enter Procedure count. Do not use decimals  If billing for anesthesia please indicate minutes here

### Tooth Information

**NOTE:**

If applicable, please enter Tooth Information using the following guidelines

268	2400	TOO	01	Code List Qualifier Code	Use 'JP'
269	2400	TOO	02	Industry Code	Please use appropriate Tooth Code
269	2400	TOO	03-1	Tooth Surface Code	Please use appropriate Tooth Surface Code
269	2400	TOO	03-2	Tooth Surface Code	If applicable, please enter as many Tooth Surface Codes as necessary
270	2400	TOO	03-3	Tooth Surface Code	



270	2400	TOO	03-4	Tooth Surface Code	
270	2400	TOO	03-5	Tooth Surface Code	

### Service Date

**NOTE:**

Required if the service date is different than the service date reported at the DTP segment in the 2300 loop. If different, please use the following guidelines.

271	2400	DTP	01	Date/Time Qualifier	Use '472'
271	2400	DTP	02	Date Time Period Format Qualifier	Use 'D8'
272	2400	DTP	03	Service Date Time Period	Please enter Service Date

### Appliance Placement Date

**NOTE:**

Required if the appliance placement date is different than the appliance placement date reported at the DTP segment in the 2300 loop. If different, please use the following guidelines.

275	2400	DTP	01	Date/Time Qualifier	Use '452'
275	2400	DTP	02	Date Time Period Format Qualifier	Use 'D8'
276	2400	DTP	03	Date Time Period	Please enter appliance placement date



### Prior Authorization or Referral Number

#### NOTE:

Required if service line involved a prior authorization number that is different than the number reported at the claim level in Loop 2300. If different, please use the following guidelines.

282	2400	REF	01	Reference Identification Qualifier	Please use 'G1'
282	2400	REF	02	Reference Identification	Please enter Prior Authorization Number

### Line Item Control Number

#### NOTE:

DSHS strongly encourages the use of this segment

284	2400	REF	01	Reference Identification Qualifier	Use '6R'
285	2400	REF	02	Reference Identification	Please enter Line Item Control Number

### Line Note

#### NOTE:

Please use the following guidelines if Line Notes are necessary to adjudicate the claim

288	2400	NTE	01	Note Reference Code	Use 'ADD'
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288	2400	NTE	02	Claim Note Text	Please enter Line Notes. This field is 80 bytes in length
<b>Loop ID 2420A - Rendering Provider Name</b>					
NOTE:					
					Required if service line involved a rendering provider that is different than the rendering provider reported at the claim level in Loop 2310B. If different, please use the following guidelines
290	2420A	NM1	01	Entity Identifier Code	Use '82'
290	2420A	NM1	02	Entity Type Qualifier	Please use appropriate Code
290	2420A	NM1	03	Last Name or Organization Name	Please enter Rendering Provider Last or Organizational Name
290	2420A	NM1	04	First Name	Required if NM102=1
291	2420A	NM1	08	Identification Code qualifier	For Healthcare Providers please use 'XX'
291	2420A	NM1	09	Identification Code	Please enter Rendering Provider NPI



<b>Rendering Provider Specialty Information</b>					
292	2420A	PRV	01	Provider Code	Use 'PE'
293	2420A	PRV	02	Reference Identification Qualifier	Use 'ZZ'
293	2420A	PRV	03	Provider Taxonomy Code (Specialty Code)	Please enter Rendering Provider Taxonomy Code
<b>Rendering Provider Secondary Identification</b>					
294	2420A	REF	01	Reference Identification Qualifier	For atypical providers who are not required to have an NPI please use '1D'
295	2420A	REF	02	Reference Identification	Please enter 9 digit alphanumeric ProviderOne ID
<b>Loop ID 2430 – Line Adjudication Date</b>					
<p><b>NOTE:</b></p> <p>Please use the following guidelines if the Line Adjudication Date is different than the Claim Adjudication Date carried in the 2330B claim loop</p>					
319	2430	DTP	01	Date/Time Qualifier	Use '573'
319	2430	DTP	02	Date Time Period Format Qualifier	Use 'D8'



319	2430	DTP	03	Date Time Period	Please enter Line Adjudication Date
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### TRANSACTION SET TRAILER

320	Trailer	SE	01	Number of Included Segments	The total number of segments in the transaction set inclusive to the ST-SE segments
320	Trailer	SE	02	Transaction Set Control Number	Must be identical to ST02

### FUNCTIONAL GROUP TRAILER

320	Trailer	GE	01	Number of Transaction Sets Included	
320	Trailer	GE	02	Group Control Number	Must be identical to GS06

### INTERCHANGE CONTROL TRAILER

371	Trailer	IEA	01	Number of Included Functional Groups	
371	Trailer	IEA	02	Interchange Control Number	Must be identical to ISA13